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Guideposts

MARCH 2008

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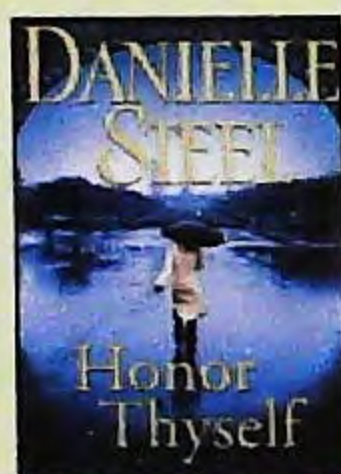
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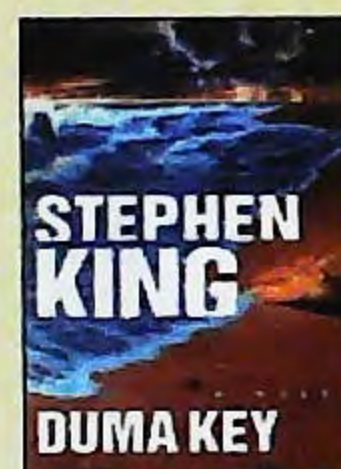
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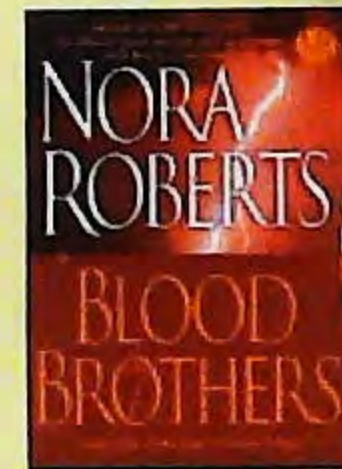
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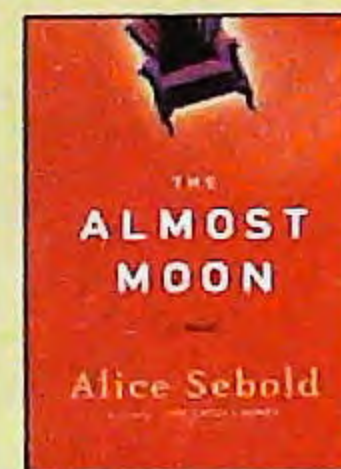
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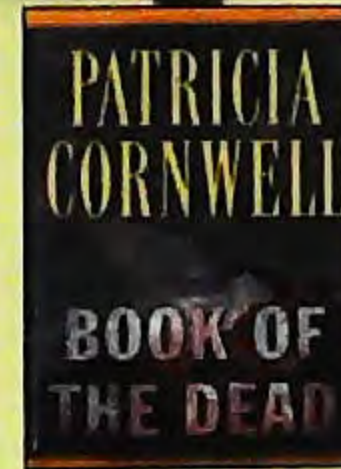
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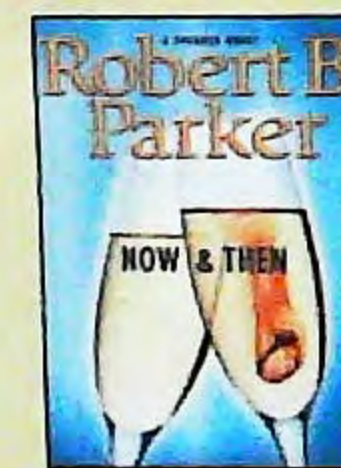
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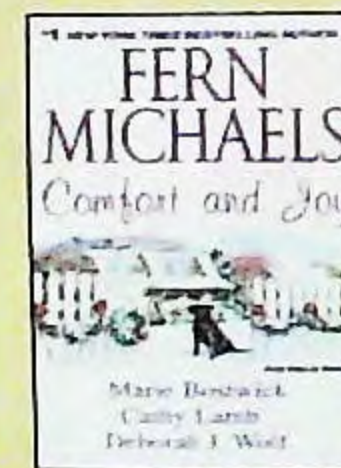
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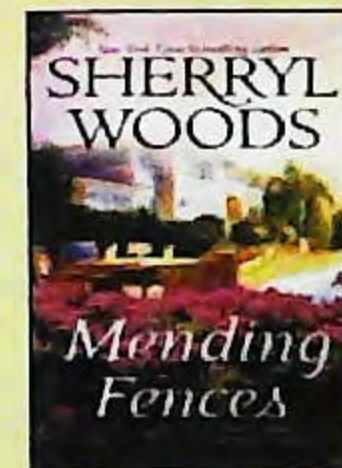
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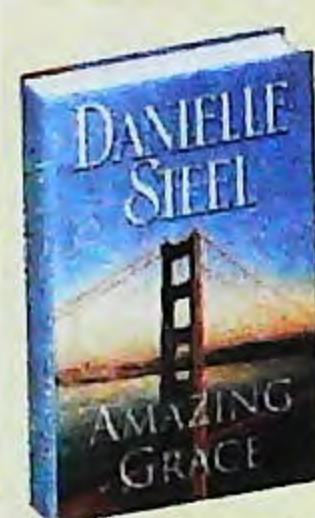
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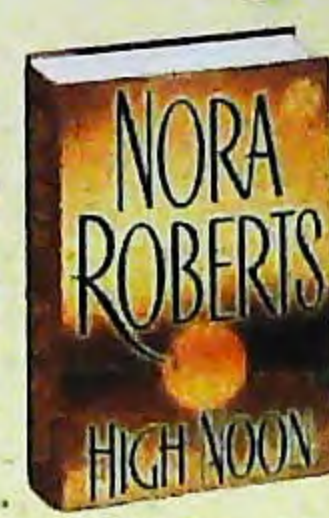
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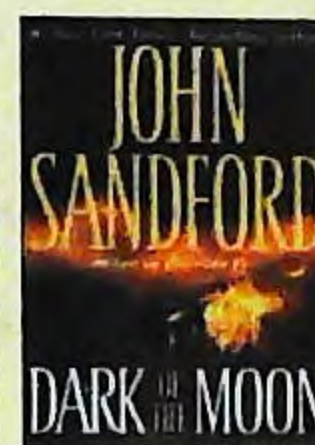
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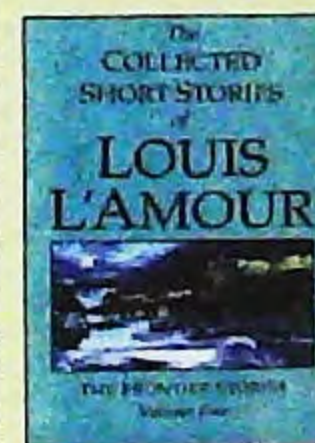
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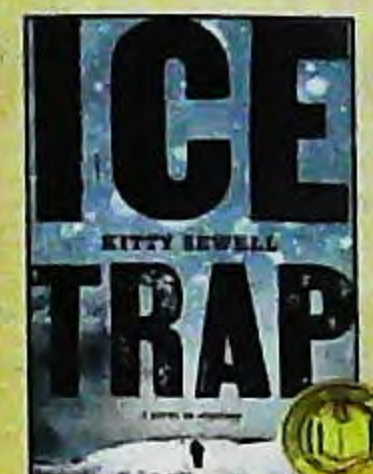
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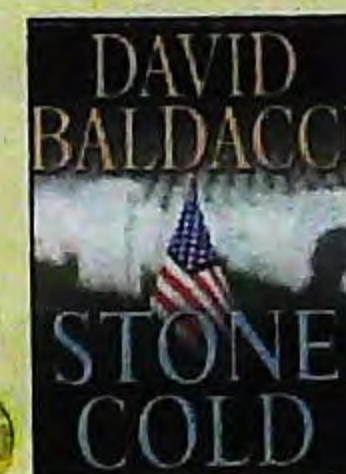
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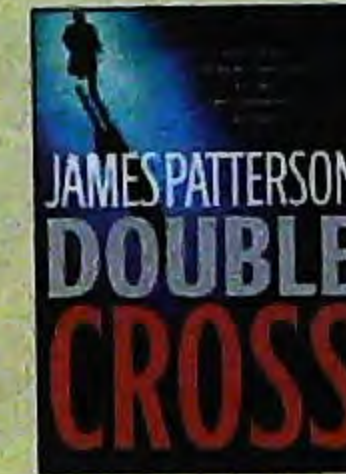
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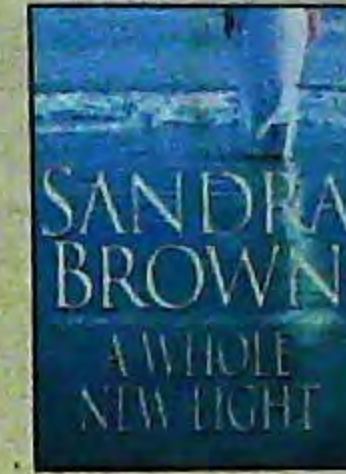
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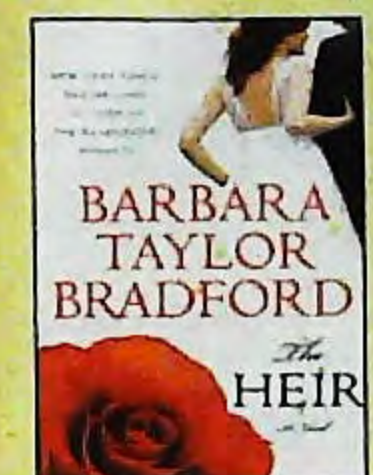
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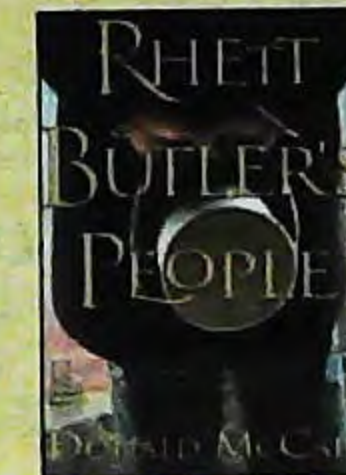
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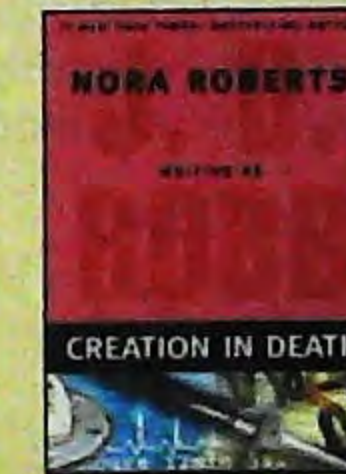
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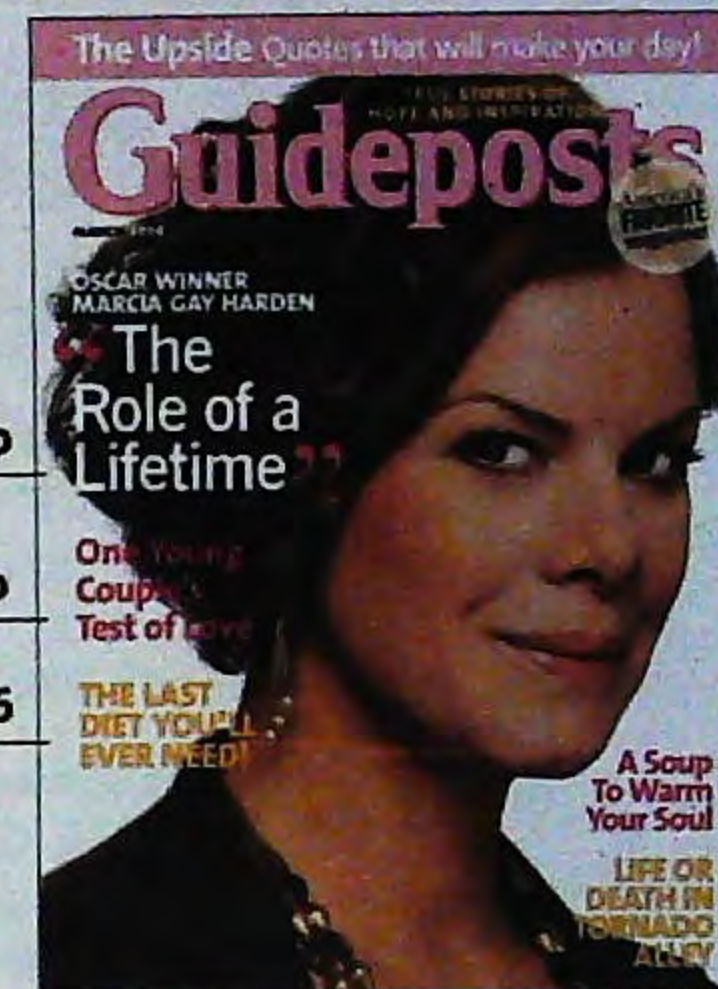
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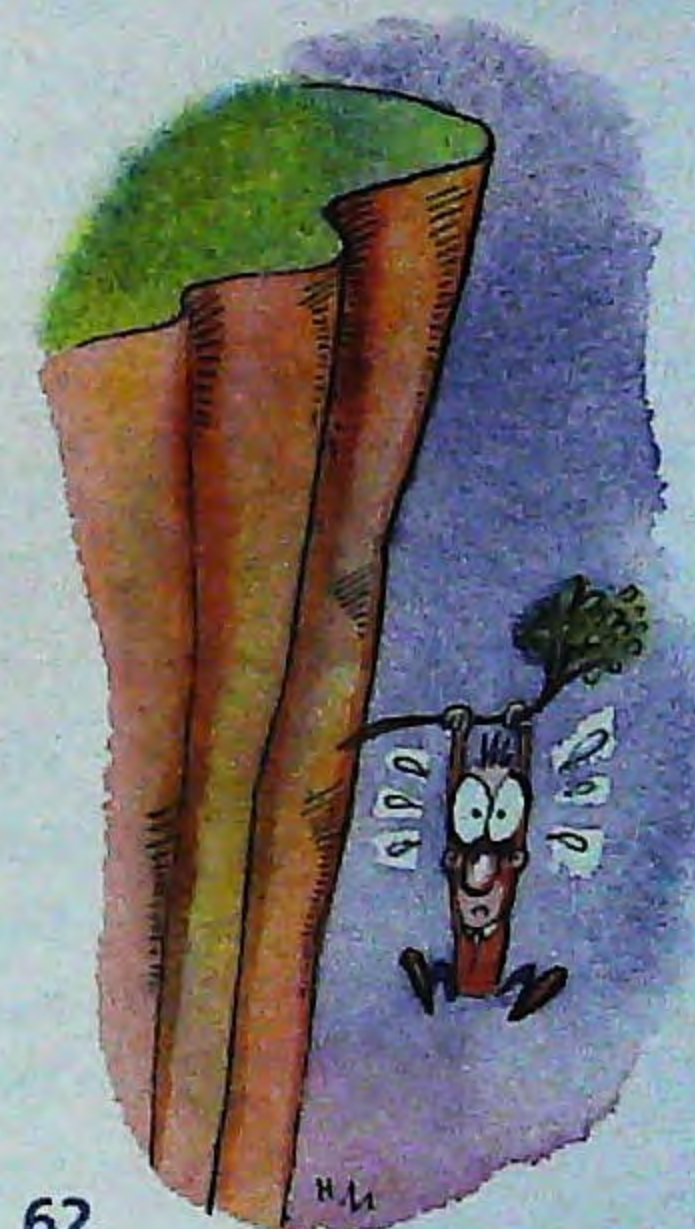
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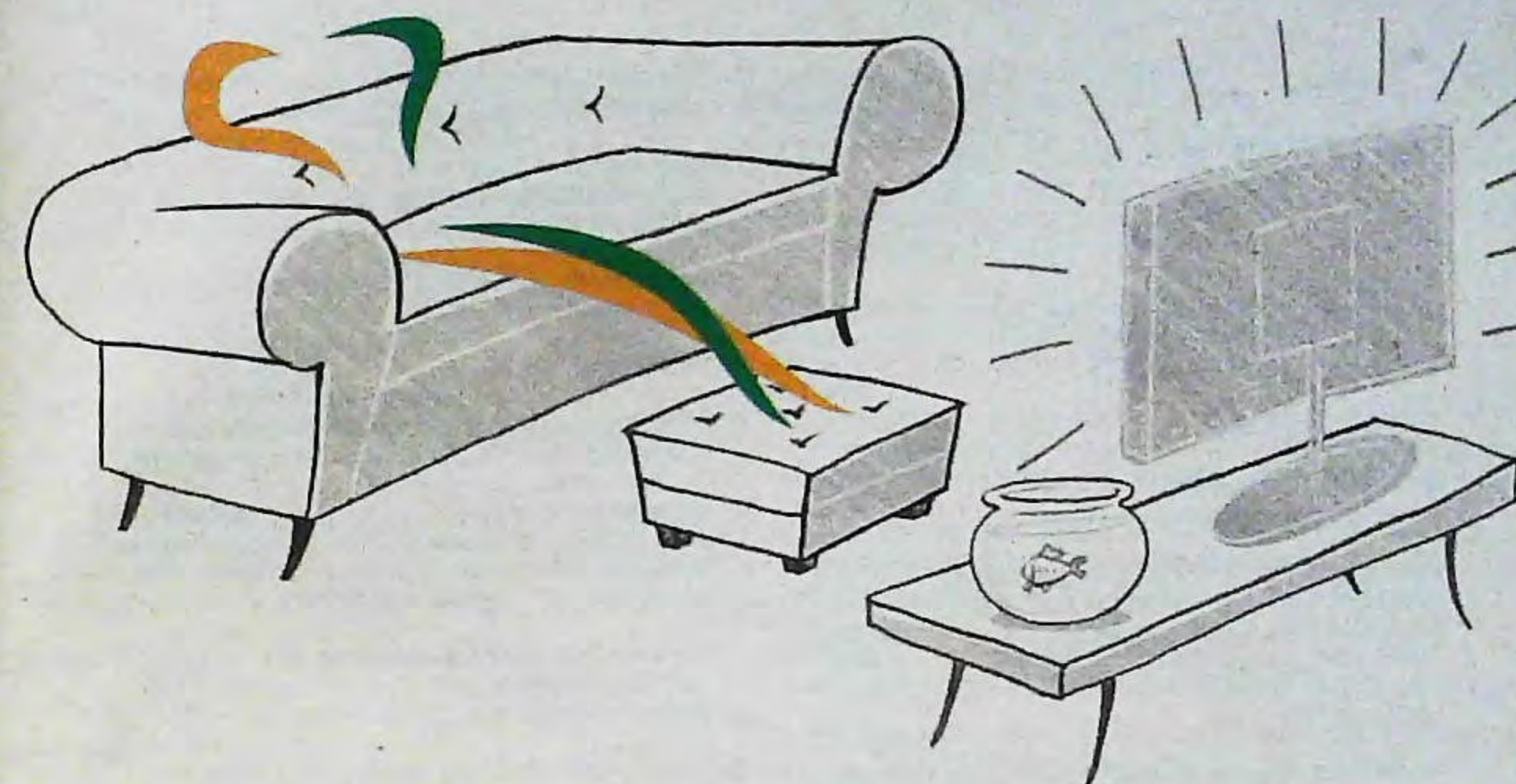
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Help your restless legs find relief with MIRAPEX.



urge to move



pins and needles



free RLS guide

MIRAPEX can help relieve the frequency & severity of many of the symptoms associated with moderate to severe primary Restless Legs Syndrome (RLS).

When you suffer from RLS like millions of people do, it can be difficult to sit or rest for long periods of time, especially in the evening. Prescription MIRAPEX can help relieve the frequency and severity of many RLS symptoms including the urge to move and strange sensations like "pins and needles," "lightning legs," or "creepy crawlies." If you're suffering from the symptoms of RLS, ask your doctor whether MIRAPEX is right for you. Because when your legs feel better, you feel better.

IMPORTANT SAFETY INFORMATION ABOUT MIRAPEX:

MIRAPEX may cause you to fall asleep without any warning, even while doing normal daily activities such as driving. When taking MIRAPEX hallucinations may occur and sometimes you may feel dizzy, sweaty or nauseated upon standing up. The most common side effects in clinical trials for RLS were nausea, headache, and tiredness. You should talk with your doctor if you experience these problems.

Patients and caregivers should be informed that impulse control disorders/compulsive behaviors may occur while taking medicines, including pramipexole, to treat Parkinson's disease and RLS.

Please see Important Patient Information on the following page.

Talk to your doctor about MIRAPEX.

For a free RLS guide and money saving offer, go to MIRAPEX.com or call 1-877-MIRAPEX.

Mirapex
pramipexole dihydrochloride tablets

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MIRAPLEX



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(PRAMIPEXOLE DIHYDROCHLORIDE)
0.125 MG, 0.25 MG, 0.5 MG,
1 MG, AND 1.5 MG TABLETS

Patient Information

MIRAPEX® [mīr'-ah-pēx]
(pramipexole dihydrochloride) tablets

Read the Patient Information that comes with MIRAPEX before you start taking it and each time you get a refill. There may be some new information. This leaflet does not take the place of talking with your doctor about your medical condition or your treatment.

What is the most important information I should know about MIRAPEX?
MIRAPEX may cause you to fall asleep while you are doing daily activities such as driving, talking with other people, watching TV, or eating.

- Some people taking MIRAPEX have had car accidents because they fell asleep while driving.
- Some patients did not feel sleepy before they fell asleep while driving. You could fall asleep without any warning.

Do not drive a car, operate a machine, or do anything that needs you to be alert until you know how MIRAPEX affects you.

Tell your doctor right away if you fall asleep while you are doing activities such as talking with people, watching TV, eating, or driving, or if you feel sleepier than is normal for you.

What is MIRAPEX?

MIRAPEX is a prescription medicine to treat

- primary Restless Legs Syndrome.
- signs and symptoms of Parkinson's disease.

MIRAPEX has not been studied in children.

Who should not take MIRAPEX?

Do not take MIRAPEX if you are allergic to pramipexole or any of the inactive ingredients of MIRAPEX. See the end of this leaflet for a complete list of ingredients in MIRAPEX.

What should I tell my doctor before taking MIRAPEX?

Tell your doctor about all of your medical conditions, including if you

- feel sleepy during the day from a sleep problem other than Restless Legs Syndrome.
- have low blood pressure, or if you feel dizzy or faint, especially when getting up from a lying or sitting position.
- have trouble controlling your muscles (dyskinesia).
- have kidney problems.
- are pregnant or plan to become pregnant. It is not known if MIRAPEX will harm your unborn baby.
- are breast feeding. It is not known if MIRAPEX will pass into your breast milk. You and your doctor should decide if you will take MIRAPEX or breastfeed. You should not do both.
- drink alcohol. Alcohol can increase the chance that MIRAPEX will make you feel sleepy or fall asleep when you should be awake.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take any other medicines that make you sleepy. MIRAPEX and other medicines may interact with each other causing side effects. MIRAPEX may affect the way other medicines work, and other medicines may affect how MIRAPEX works.

How should I take MIRAPEX?

- Take MIRAPEX exactly as your doctor tells you to. Your doctor will tell you how many MIRAPEX tablets to take and when to take them.
- Your doctor may change your dose until you are taking the right amount of medicine to control your symptoms. Do not take more or less MIRAPEX than your doctor tells you to.
- MIRAPEX can be taken with or without food. Taking MIRAPEX with food may lower your chances of getting nausea.
- If you miss a dose, do not double your next dose. Skip the dose you missed and take your next regular dose.
- Be sure to tell your doctor right away if you stop taking MIRAPEX for any reason. Do not start taking MIRAPEX again before speaking with your doctor. If you have Parkinson's disease and are stopping MIRAPEX, you should stop MIRAPEX slowly over 7 days.

What should I avoid while taking MIRAPEX?

- Do not drive a car, operate a machine, or do anything that needs you to be alert until you know how MIRAPEX affects you. See "What is the most important information I should know about MIRAPEX?" at the beginning of this leaflet.

- Do not drink alcohol while taking MIRAPEX. It can increase your chances of feeling sleepy or falling asleep when you should be awake.

What are the possible side effects of MIRAPEX? MIRAPEX can cause serious side effects, including

- **falling asleep during normal daily activities.** See "What is the most important information I should know about MIRAPEX?"
- **low blood pressure when you sit or stand up quickly.** You may have dizziness, nausea, fainting, or sweating. Sit and stand up slowly after you have been sitting or lying down for a while.
- **hallucinations.** You may see, hear, feel, or taste something that isn't there. You have a higher chance of having hallucinations if you are over 65 years old.

The most common side effects in people taking MIRAPEX for Restless Legs Syndrome are nausea and sleepiness.

The most common side effects in people taking MIRAPEX for Parkinson's disease are nausea, dizziness, sleepiness, constipation, hallucinations, insomnia, muscle weakness, confusion, and abnormal movements.

These are not all the possible side effects of MIRAPEX. For more information ask your doctor or pharmacist.

Be sure to talk to your doctor about any side effects that bother you or that do not go away.

Other Information about MIRAPEX

Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. MIRAPEX is one of the medicines used to treat Parkinson's disease, therefore, patients being treated with MIRAPEX should have periodic skin examinations.

There have been reports of patients taking certain medicines to treat Parkinson's disease or RLS, including MIRAPEX, that have reported problems with gambling, compulsive eating, and increased sex drive. It is not possible to reliably estimate how often these behaviors occur or to determine which factors may contribute to them. If you or your family members notice that you are developing unusual behaviors, talk to your doctor.

How should I store MIRAPEX?

- Store MIRAPEX at room temperature at 59°F to 86°F (15°C to 30°C).
- Keep MIRAPEX out of light.
- Keep MIRAPEX and all medicines out of the reach of children.

General information about MIRAPEX

Medicines are sometimes prescribed for purposes other than those listed in this Patient Information leaflet. Do not take MIRAPEX for a condition for which it was not prescribed. Do not share MIRAPEX with other people, even if they have the same symptoms you do. It may harm them.

This Patient Information leaflet summarizes the most important information about MIRAPEX. For more information, talk with your doctor or pharmacist. They can give you information about MIRAPEX that is written for healthcare professionals. For additional information, you may also call Boehringer Ingelheim Pharmaceuticals, Inc. at 1-800-542-6257, or (TTY) 1-800-459-9906. You may also request information through the company website at <http://us.boehringer-ingelheim.com>.

What are the ingredients in MIRAPEX?

Active Ingredient: pramipexole dihydrochloride monohydrate
Inactive Ingredients: mannitol, corn starch, colloidal silicon dioxide, povidone, and magnesium stearate

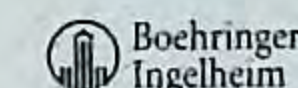
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A Moment of Truth

The full weight of the 200 pounds she carried hit Judy Bastille when she saw her reflection in a pizza parlor mirror (*The New Me Diet*, page 66). That's what motivated her to make smarter food choices. Have you ever experienced a similar "aha" moment? Weigh in at guidepostsmag.com/poll to share your tips for sticking with a weight-loss plan.

American Girl DVD Giveaway!

One of Marcia Gay Harden's (*My Best Role Ever!*, page 40) most popular characters was the mother in *Felicity*. Know a girl who'd love her own DVD of this movie? Enter to win one of 20 copies we're giving away. Go to guidepostsmag.com/americangirl dvd.



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Join Irish country singer Daniel O'Donnell (*A Quiet Time*, page 54) on a guided tour of Kincasslagh, the small seaside village where he grew up. Go to guidepostsmag.com/irishvillage.

Hot & Crusty

Want to make Nancy Sleeth's tasty homemade bread (*Sunday Soup Pot*, page 90)? Visit guidepostsmag.com/bread for the recipe.



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Editor's Note

The Power of Hope

IN AN ELECTION YEAR LIKE THIS YOU'RE LIKELY to hear the word "hope" bandied about incessantly by the candidates. Yet the word itself is practically cliché-proof, even in the YouTube context of modern politics, because hope is such a powerful and universal human feeling. Without it, people would be lost. We could not survive.

Maybe because it's March and I am trying to survive the long dark winter on the hope of spring that the stories in this issue strike me as particularly hopeful. As a struggling young actress Marcia Gay Harden survived on waitressing tips and the dream that she would eventually get her big break (hear how she nearly missed that break). Tampa news anchor Gayle Sierens and the station staff find hope in prayer when a beloved colleague is struck with a deadly leukemia. Judy Bastille caught her reflection in a pizza parlor mirror and suddenly believed she could find the strength to lose weight after years of failed diets. She did, and it would soon save her life. Sara O'Brien (Happy St. Patrick's Day, Sara!) thinks that life is the pits after 30. A backyard trampoline changes her mind. And Art Mazmanian fears that there is no hope after losing his wife of 49 years only to discover that hope abounds at his local diner.

"Without hope," a friend once asked, "how can I believe in anything?" That is exactly right, I think. Hope is our spiritual oxygen. It's also the best way to survive these last few weeks of winter. See you in the spring.



Edward Grinnan

A handwritten signature of Edward Grinnan in dark ink.

EDWARD GRINNAN
Editor-in-Chief

SCOTT BARROW

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GUIDEPOSTS is a monthly inspirational, interfaith, nonprofit magazine written by people from all walks of life. Its articles help readers achieve their maximum personal and spiritual potential.

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Are you requesting information for yourself or someone else?

☐ Self ☐ Other

What year were you born? _____

Do you have any of the following risk factors?

☐ Diabetes ☐ High Cholesterol ☐ High Blood Pressure
☐ Previously had a Heart Attack ☐ Unstable Angina ☐ Smoking
☐ Previously had a Stroke

Do you experience the following symptoms often associated with Peripheral Artery Disease? Pain, aching, or cramps in the muscles of your legs during exercise, such as walking, which goes away when you rest or stop walking?

☐ No ☐ Yes

Has your doctor told you that you have Peripheral Artery Disease (also known as Peripheral Vascular Disease)?

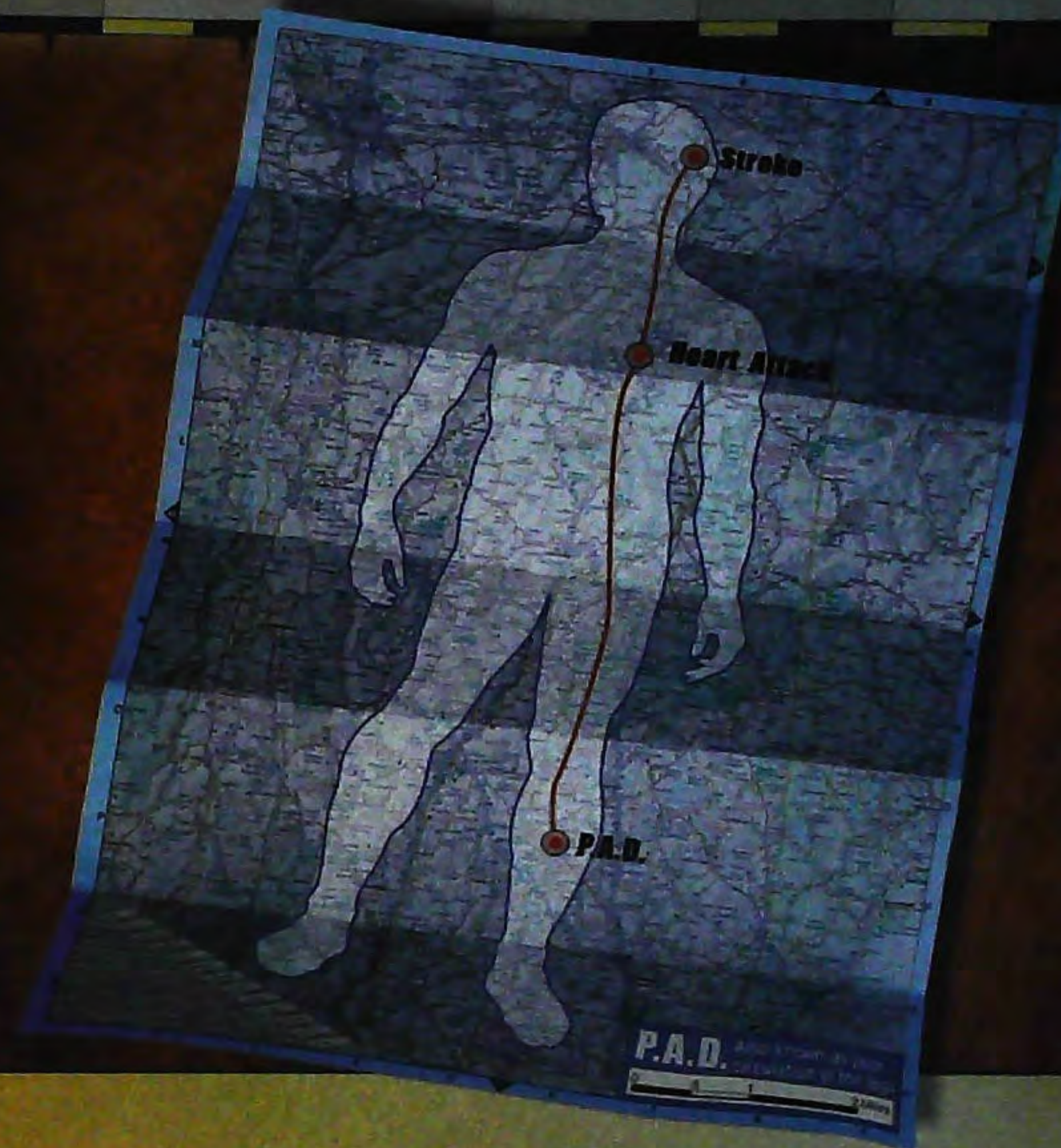
☐ No ☐ Yes

What medication, if any, are you taking for P.A.D.?

Which of the following ethnic groups best describes you?

☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Other

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If you're over 50 with risks for heart disease, or if you experience pain or heaviness in the legs when walking, you need to know about P.A.D. Simply call or go online for this free information kit to learn about the risks, diagnosis and treatment options. It will help you discuss P.A.D. with your doctor. Plus, you'll get an important 8-point checklist that you can share with your doctor.

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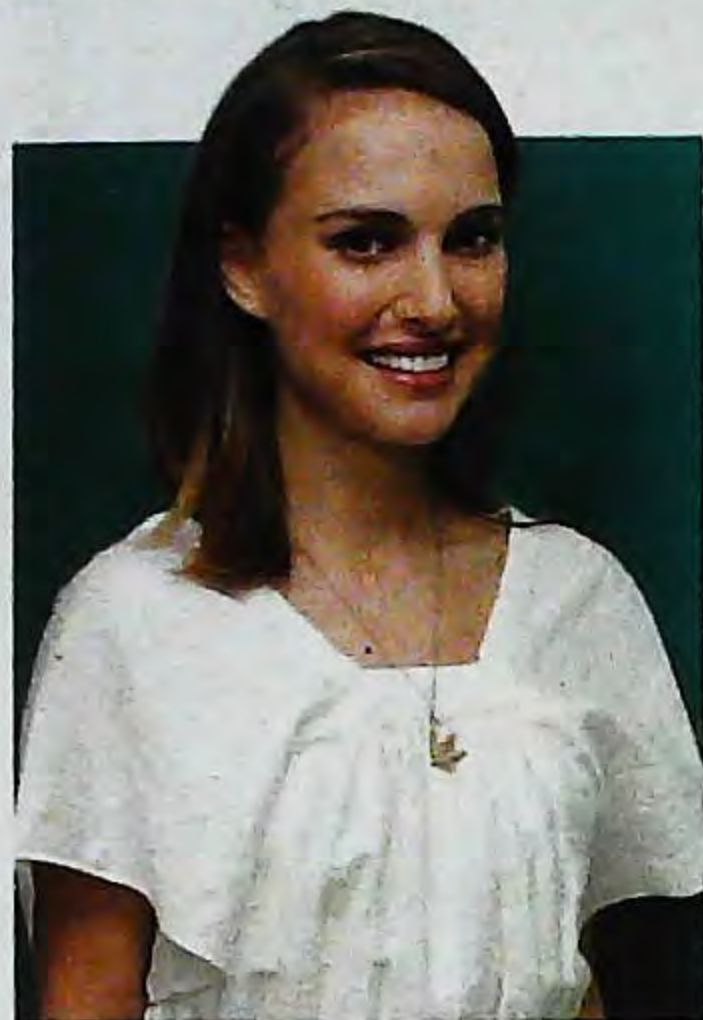
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QUOTES FROM TODAY'S POSITIVE THINKERS



“I’m something of a ‘people pleaser.’ The fact that you like people and want them to like you is great as long as you’re not sacrificing who you are.”

—Academy Award-nominated actress
NATALIE PORTMAN

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“I think the key is being really, truly happy.” —Academy Award-winning actress and mom of two **MIRA SORVINO**, on her secret to looking great

“I believe God will be involved in as much of our lives as we allow him to.” —**JOEL OSTEEN**, senior pastor of Lakewood Church in Houston, Texas

“I wanted to make a statement that just because you’re old doesn’t mean you can’t do things.” —**DON MAGEE**, a grandfather of four in Lilburn, Georgia, who did 3,010 push-ups in one day to celebrate his 74th birthday

“To worry is to say to God, ‘You’re not big enough to solve this problem, so I’ll deal with it myself.’ Peace disappears when you try to do something about something you can’t do anything about!” —**RICHARD DALY**, from *God’s Little Book of Peace: Words of Comfort and Reassurance for Weary Souls*

“Your mind is like a parachute. It works much better when it’s open!” —**KUREK ASHLEY**, from his book *How Would Love Respond?*

“True abundance is an absolute knowing that everything you need will be supplied.” —**DR. WAYNE DYER**, author of *The Power of Intention*

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IMPORTANT SAFETY INFORMATION: LUNESTA helps you fall asleep quickly, so take it right before bed. Be sure you have at least eight hours to devote to sleep before becoming active. Until you know how you’ll react to LUNESTA, you should not drive or operate machinery. Do not take LUNESTA with alcohol. Call your doctor right away if after taking LUNESTA you walk, drive, eat or engage in other activities while asleep. In rare cases severe allergic reactions can occur. Most sleep medicines carry some risk of dependency. Side effects may include unpleasant taste, headache, drowsiness and dizziness. See important patient information on the next page.

Lunesta[™]

(eszopiclone)_{hcl}
1, 2 AND 3 MG TABLETS

Please read this summary of information about LUNESTA before you talk to your doctor or start using LUNESTA. It is not meant to take the place of your doctor's instructions. If you have any questions about LUNESTA tablets, be sure to ask your doctor or pharmacist.

LUNESTA is used to treat different types of sleep problems, such as difficulty in falling asleep, difficulty in maintaining sleep during the night, and waking up too early in the morning. Most people with insomnia have more than one of these problems. You should take LUNESTA immediately before going to bed because of the risk of falling.

LUNESTA belongs to a group of medicines known as "hypnotics" or, simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Insomnia is often transient and intermittent. It usually requires treatment for only a short time, usually 7 to 10 days up to 2 weeks. If your insomnia does not improve after 7 to 10 days of treatment, see your doctor, because it may be a sign of an underlying condition. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

Side Effects

All medicines have side effects. The most common side effects of sleep medicines are:

- Drowsiness
- Dizziness
- Lightheadedness
- Difficulty with coordination

Sleep medicines can make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of LUNESTA that is best for you. Some people taking LUNESTA have reported next-day sleepiness.

To manage these side effects while you are taking this medicine:

- When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- Do not drink alcohol when you are taking LUNESTA or any sleep medicine. Alcohol can increase the side effects of LUNESTA or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy

without a prescription. Some medicines can cause drowsiness and are best avoided while taking LUNESTA.

- Always take the exact dose of LUNESTA prescribed by your doctor. Never change your dose without talking to your doctor first.

Special Concerns

There are some special problems that may occur while taking sleep medicines.

Memory Problems

Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine. Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia." Memory problems have been reported rarely by patients taking LUNESTA in clinical studies. In most cases, memory problems can be avoided if you take LUNESTA only when you are able to get a full night of sleep before you need to be active again. Be sure to talk to your doctor if you think you are having memory problems.

Tolerance

When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness in helping you sleep. This is known as "tolerance." Development of tolerance to LUNESTA was not observed in a clinical study of 6 months' duration. Insomnia is often transient and intermittent, and prolonged use of sleep medicines is generally not necessary. Some people, though, have chronic sleep problems that may require more prolonged use of sleep medicine. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence

Sleep medicines can cause dependence in some people, especially when these medicines are used regularly for longer than a few weeks or at high doses. Dependence is the need to continue taking a medicine because stopping it is unpleasant.

When people develop dependence, stopping the medicine suddenly may cause unpleasant symptoms (see *Withdrawal* below). They may find they have to keep taking the medicine either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks. If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting LUNESTA or any sleep medicine.

Withdrawal

Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In

some cases, these symptoms can occur even if the medicine has been used for only a week or two. In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and, rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon. Although withdrawal symptoms have not been observed in the relatively limited controlled trials experience with LUNESTA, there is, nevertheless, the risk of such events in association with the use of any sleep medicine.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking LUNESTA or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes In Behavior And Thinking

Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- More outgoing or aggressive behavior than normal
- Confusion
- Strange behavior
- Agitation
- Hallucinations
- Worsening of depression
- Suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used. Clinical experience with LUNESTA suggests that it is rarely associated with these behavior changes.

It is also important to realize it is rarely clear whether these behavior changes are caused by the medicine, are caused by an illness, or have occurred on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy And Breastfeeding

Sleep medicines may cause sedation or other potential effects in the unborn baby when used during the last weeks of pregnancy. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking LUNESTA.

In addition, a very small amount of LUNESTA may be present in breast milk after use of the medication. The effects of very small amounts of LUNESTA on an infant are not known; therefore, as with all other prescription sleep medicines, it is recommended that you not take LUNESTA if you are breastfeeding a baby.

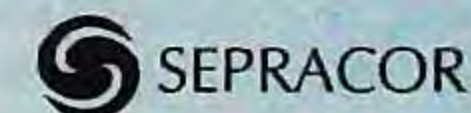
Safe Use Of Sleep Medicines

To ensure the safe and effective use of LUNESTA or any other sleep medicine, you should observe the following cautions:

1. LUNESTA is a prescription medicine and should be used **ONLY** as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take LUNESTA.
2. Never use LUNESTA or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with LUNESTA or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription and herbal preparations. You should also tell your doctor if you drink alcohol. **DO NOT** use alcohol while taking LUNESTA or any other sleep medicine.
5. Do not take LUNESTA unless you are able to get 8 or more hours of sleep before you must be active again.
6. Do not increase the prescribed dose of LUNESTA or any other sleep medicine unless instructed by your doctor.
7. When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
8. Be aware that you may have more sleeping problems the first night or two after stopping any sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, if you become pregnant, or if you are breastfeeding a baby while taking LUNESTA.
10. As with all prescription medicines, never share LUNESTA or any other sleep medicine with anyone else. Always store LUNESTA or any other sleep medicine in the original container and out of reach of children.
11. Be sure to tell your doctor if you suffer from depression.
12. LUNESTA works very quickly. You should only take LUNESTA immediately before going to bed.
13. For LUNESTA to work best, you should not take it with or immediately after a high-fat, heavy meal.
14. Some people, such as older adults (i.e., ages 65 and over) and people with liver disease, should start with the lower dose (1 mg) of LUNESTA. Your doctor may choose to start therapy at 2 mg. In general, adults under age 65 should be treated with 2 or 3 mg.
15. Each tablet is a single dose; do not crush or break the tablet.

Note: This summary provides important information about LUNESTA. If you would like more information, ask your doctor or pharmacist to let you read the Prescribing Information and then discuss it with him or her.

Rx only



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close calls

I was young, smart, accomplished. There was only one thing I couldn't do—trust

Leap of Love

BY SUMMER SHELDON,
SILVERTON, OREGON
AS TOLD TO GUIDEPOSTS

IT SHOULD HAVE BEEN THE perfect date for Ryan and me—a late summer hike through majestic Silver Falls State Park, the largest in Oregon. The scene around us was out of a nature film: a thick forest of dark, moss-covered evergreens, dewy, drooping ferns and fluorescent clovers lining the trail. We strolled alongside a gurgling creek, walking my



A DEEPER BOND
*How a little dog
with a funny
name brought
them together*



brother's dog, Little Pig, who stopped now and again to sniff a random flower or patch of grass. A romantic, serene moment. Except Ryan just *had* to bring up what was bothering him. What was bothering me too. "All I'm saying is it doesn't feel like you're that into me sometimes," Ryan said.

I sighed. "Can we change the subject?" Ryan just stared at the ground. Little Pig caught up to us and rubbed up against Ryan's leg. It was surprising how well he'd taken to Ryan, showering him with affection. I, on the other hand, couldn't be so bold. I did love Ryan—but I hadn't been able to show it. Commitment. The word scared me. I didn't think I could commit to anyone. Was it unfair to lead Ryan on? Walking that trail, I felt like we were headed toward a breakup. I pulled a couple paces ahead. It had been the same story since I was 16. That was when my parents announced they were going to take a three-month "trial separation." I'd thought my parents had a good marriage and loved each other, but within two weeks they both had lawyers and couldn't have a conversation that didn't become a screaming match. They attacked one another and accused me of taking sides. If I couldn't trust my parents' love, then whose love could I trust? The one thing I hung on to was my trust in God. Of that I was pretty certain. But to take that leap and trust another human being with my deepest desires frightened me. Every time I got close to a guy, I pulled away.

Even sweet Ryan. When I met him in college, I took it slow. I came up with different degrees of relationships—"serious friending" came before "casual dating," which progressed into "serious dating"—before I was willing to be called

JEAN CHUNG/WFN

close calls

his girlfriend. Ryan put up with my silliness over the last two years, but I knew it was hard for him whenever he said he loved me and I couldn't say it back. *A walk through the park with Little Pig could lighten the mood,* I thought. But now I'd hurt Ryan again. *God, I prayed silently, help me not feel this fear.*

Help me learn how to love him. To trust. Silently, Ryan and I followed the trail as it dipped beneath the 30-foot-high

bridge for the Silver Falls Highway that cuts through the park. We came out on the other side and I looked back for Little Pig. The trail was empty. "Did you see where he went?" I asked. Ryan shook his head.

"Little Pig!" he called. I echoed him.

But Little Pig didn't come running. "Maybe he chased a squirrel or something," Ryan said. "Don't worry, we'll find him."

He's never run off before, I thought. I wouldn't have been surprised six months earlier, when my brother first found him. Back then, Little Pig was a half-starved

I was the one who gave Little Pig his name, laughing as he rolled around in the dirt.



blue heeler, with a torn ear and an eye patch marking, that my brother found abandoned in a grocery store parking lot. He wasn't that well behaved at the time. He backed away from strangers and didn't always obey. He'd clearly been abused. The

sight of someone using a broom would set him off barking. But slowly Little Pig's behavior improved as he learned to trust the people in his life. I couldn't imagine him not responding to his name. "Little Pig!" I shouted again, jogging up the trail. I stepped off the trail into the bushes. "Little Pig!" No answer. Could he have gotten lost? Did he fall into the creek? I couldn't bear to think about it. He was my brother's dog, but he felt like mine too.

I was the one who gave him his name. One day I was playing with him outside, laughing as he rolled around in the dirt. "You're as happy as a little pig!" I said. The name stuck. This summer I worked at the same job as my brother and hung out with Little Pig every day. We became pals—I'd feed him some of my sand-

wich at lunch; he'd rest his head in my lap. *What if we don't find him?* Tears started to pool in my eyes. Ryan put his arm around me. "Don't cry, Summer. You know what? *He's probably looking for us.*" I looked at Ryan. Something about his voice, his smile, the way he held me was so reassuring. I could feel that flutter in my heart, telling me Ryan was the one—but like all those other times, I was still too afraid to say a thing. "Let's go back to the bridge," Ryan said. "He's probably there waiting." We walked back under the bridge. We both heard it at the same time. *Is that a whine? Where is it coming from?* Just then a loud screech came from the bridge above. A car swerving. I looked up. *Oh, no!* There was Little Pig, his gray nose sticking through the guardrail. He must've gone up the steep embankment when we

Tues. 6:34 p.m.

Metropolitan aquatic gardens

Thurs. 10:14 a.m.

Postmodern abstract expressionism

Sat. 8:23 p.m.

Tejano orchestral symphony



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close calls



TAKING THE PLUNGE Summer kisses Ryan on their wedding day, July 2004.

went down and couldn't figure out how to get back. I called to him, "Little Pig!"

He perked up immediately, turned his head and looked straight down at me and Ryan, standing on the trail 30 feet below. Then he took a step back from the rail, paused for a second and dashed forward. *What is he....* Before I could tell him to stay, he sprang off his hind legs and hurled his 40-pound body up into the air—over the rail. I couldn't breathe. I watched helplessly as he plummeted toward the creek below. He hit the water with a splash. Ryan and I raced into the water after him. I pictured myself carrying his shattered body back to the car. Were there any vets nearby? How could I've been so stupid as to let him off his leash?

Suddenly, Little Pig's head popped up in the water. His paws paddled wildly toward us, his pink tongue hanging out—and what looked for all the world like a goofy smile on his face. Ryan reached out

and grabbed him. The second we climbed out onto the bank, Little Pig jumped on me, licking my face, relieved to have found us. I laughed in disbelief. "Sit! I need to check if anything's broken!" I demanded. But he was so happy, he wouldn't stop bouncing around. "He seems fine to me," Ryan said. "It's a miracle." No doubt it was.

Only God could've guided Little Pig's path. Ryan helped me up and we walked back to the car, keeping a close eye on Little Pig. I couldn't stop thinking about what that crazy dog had done. A dog that had suffered terrible unkindness made a fearless leap. Fearless because he trusted. Trust cancels fear. Was that the lesson, the answer to my prayer? I stopped walking and put my arms around Ryan. Maybe it was time to take a leap of my own. ■

For more on this story, see Family Room.

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Special Advertising Section

DIABETES

The Many Faces of Diabetes TIME TO TAKE CONTROL



IN THIS SECTION:

**A LOOK AT
WHO'S AT RISK**
**DELICIOUS AND
HEALTHY RECIPE**

**PREVENTION:
Take Charge of
Your Health**

**HEALTHY TEETH
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AVOID
INSULIN
NOW I SING ITS PRAISES."

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Possible side effects may include blood sugar levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Tell your doctor about all other medicines and supplements you are taking because they can change the way insulin works. Glucose monitoring is recommended for all patients with diabetes.

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You've taken an important step. The more you learn about diabetes treatment, the greater chance you have of getting your blood sugar levels under control. Make an appointment to talk to your doctor about whether insulin is right for you.

☐ YES. I'D LIKE TO RECEIVE ADDITIONAL INFORMATION ABOUT DIABETES AND DIABETES THERAPIES.

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ZIP CODE _____

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MONTH AND YEAR OF BIRTH _____

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1. What type of diabetes do you have?
☐ Type 1 ☐ Type 2

2. Which, if any, of the following do you currently take to treat your diabetes? (Check ALL that apply.)

☐ Oral medications (a pill)

How long have you been taking oral diabetes medications?

- ☐ Less than 3 years
☐ 3 to less than 7 years
☐ 7 or more years

☐ Insulin

How long have you been taking insulin?

- ☐ Less than 6 months
☐ 6 months to less than 1 year
☐ 1-3 years ☐ 4-6 years
☐ 7 years or more

☐ Byetta®

☐ Other

3. What was the result of your last A1C test?
(This blood test is usually done two or more times a year at your doctor's office.)
☐ Less than 7.0 ☐ 7.0-9.0
☐ Greater than 9.0 ☐ I don't know

4. The following statements refer to your attitudes toward your diabetes and medications. For each statement, please indicate how strongly you agree or disagree with each. (1 to 7 scale, where ① is "disagree completely" and ⑦ is "agree completely.")

a. My diabetes is completely under control.

① ② ③ ④ ⑤ ⑥ ⑦

b. I am interested in learning about insulin.

① ② ③ ④ ⑤ ⑥ ⑦

c. Having to go on (or having gone on) insulin means that I have failed at controlling my blood sugar.

① ② ③ ④ ⑤ ⑥ ⑦

d. I feel frazzled by not being able to control my blood sugar.

① ② ③ ④ ⑤ ⑥ ⑦

MOISTEN HERE AND SEAL

MOISTEN HERE AND SEAL

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**AVOID
INSULIN**
NOW I SING ITS PRAISES."

Important Safety Information About Insulin

Possible side effects may include blood sugar levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Tell your doctor about all other medicines and supplements you are taking because they can change the way insulin works. Glucose monitoring is recommended for all patients with diabetes.

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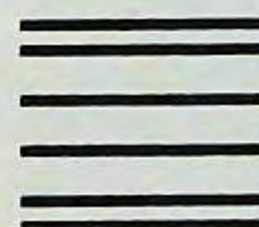
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LORETHA HUFF

TYPE 2
DIABETES

INSULIN PATIENT
SINCE 1983

I USED TO THINK:

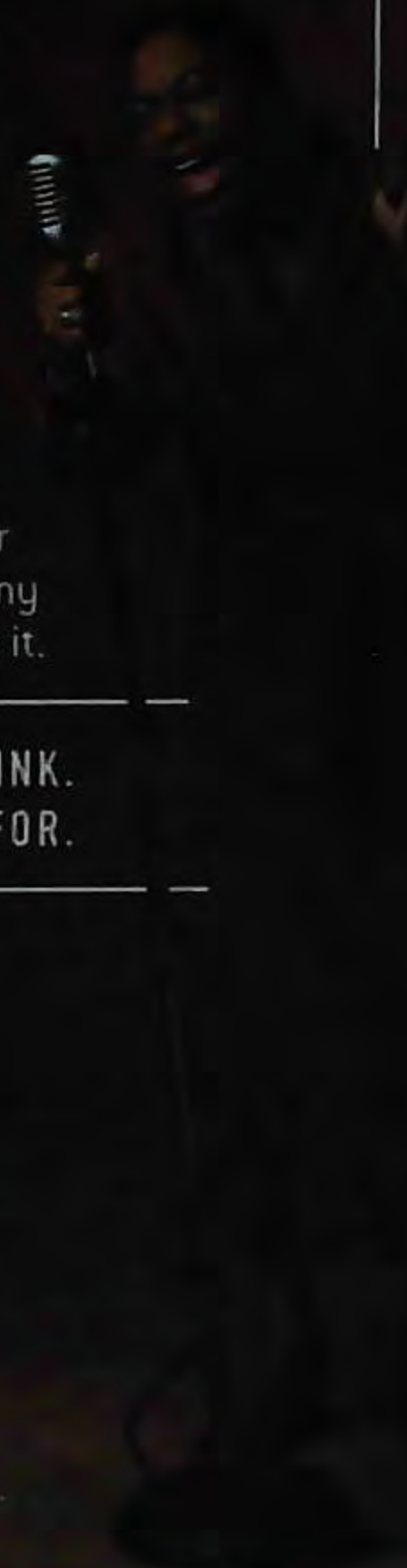
I'd do anything not to go on insulin. I thought taking it might interfere with my schedule and keep me from doing some of the things I love, like my music. But exercise, healthy eating, and pills alone just weren't lowering my blood sugar enough anymore.

NOW I THINK:

Adding insulin to my therapy was a great decision. And giving myself injections isn't nearly as bad as I thought it would be. Now my blood sugar and A1C numbers put a smile on my face.

MY ADVICE:

If you're not happy with your blood sugar control, but you're afraid to ask your doctor about insulin—I'm here to tell you, you can do it. Talk to your doctor about whether insulin is right for you. If I overcame my fear, you can, too. And for me, it was certainly worth it.



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LORETHA HUFF

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DIABETES

INSULIN PATIENT
SINCE 1983

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Who's at Risk

Having family members with diabetes may be the biggest risk factor for diabetes that's beyond your control, but it's not the only one. Diabetes also affects some racial and ethnic groups more than others, and it tends to strike women more often than men.

Studies show that no group shoulders a greater prevalence of diabetes in the United States than Native Americans and Alaskan Natives. With roughly 15 percent of this population living with diabetes, they are more than twice as likely to be diagnosed with diabetes than others. Not far behind are African Americans (13.3 percent), who are 1.8 times as likely as non-Hispanic whites to develop diabetes. Latino Americans, especially Mexican Americans and Asian Americans/Pacific Islanders, are also at greater risk.

As a general rule, women get diabetes more often than men. But even among women, those who come from minority backgrounds, such as Latinas or African Americans, are at two to four times greater risk than their non-Hispanic, white sisters. There are 9.7 million women in America

over the age of 20 who live with diabetes, knowingly or unknowingly. That's 8.8 percent of all women in this country.

As we get older, our risk for type 2 diabetes also increases. Nearly 21 percent of all Americans over the age of 60 have diabetes. That's 10.3 million people.

We can't help how old we are, what race we were born into or whether our parents or siblings have diabetes. Yet these things place us at higher risk for eventually becoming ill. That's why it's important to take control of the things we can: our weight, how much we exercise and what we eat. We can also exercise some control over other risk factors, such as cholesterol and blood pressure levels, through diet and exercise or, if necessary, with medication.

Smoking is another risk factor we can control. Smoking greatly increases your risk for developing complications related to diabetes, such as heart disease and stroke.

If you want to know just how high your own risk for diabetes may be, there's a simple test you can take by visiting <http://diabetes.org/risk-test>. Remember, though you may not have control over all your risk factors, you have tremendous control over some of them!

**Nearly
21% of all
Americans
over the age
of 60 have
diabetes.**



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DIABETES

Special Advertising Section

INGREDIENTS

Vegetable oil spray

Salsa

- 1 medium mango
chopped
- 1 c. chopped fresh
peeled peaches or one
8-ounce can
light peaches in
extra-light syrup,
drained and
chopped
- 3 tbsp. chopped red
onion
- 1 small fresh jalapeño
pepper, seeds and
ribs discarded,
chopped, or ½ tsp.
bottled pickled
jalapeño juice
- ¼ c. snipped fresh
cilantro or fresh
Italian (flat-leaf)
parsley
- 1 tsp. grated lime zest
- 2 tbsp. fresh lime juice
- ¼ tsp. ground cumin
- 4 salmon fillets with
skin (5 to 6 ounces
each)
- ¼ tsp. salt
- ¼ tsp. pepper
(white preferred)



Salmon with Mango and Peach Salsa

SERVES 4; 3 ounces fish and 2 tablespoons salsa per serving

Packed with the natural sweetness of mango and peaches, the salsa in this dish gets its kick from hot peppers and cumin

PREPARATION

- 1 Lightly spray a grill rack with vegetable-oil spray. Preheat the grill to medium-high.
- 2 In a medium bowl, stir together the salsa ingredients.
- 3 Rinse the fish and pat dry with paper towels. Season with the salt and pepper.
- 4 Grill the salmon with the skin side up for 4 minutes, or until browned. Using a spatula, turn the fish over. Grill for 3 to 4 minutes, or until the fish flakes easily when tested with a fork.
- 5 To serve, place the fish with the skin side down on plates. Spoon the salsa on top or to the side of the fish.

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NUTRITIONAL ANALYSIS (per serving)

Exchanges	
4 Lean Meat	
1 Fruit	
Calories	304
Fat Calories	112
Total Fat	12 g
Saturated.....	2.2g
Polyunsaturated.....	2.8g
Monounsaturated.....	6.0g
Cholesterol	96mg
Sodium	222mg
Carbohydrates	17g
Fiber.....	2g
Sugars.....	13g
Protein.....	31g



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As with all foods eaten by consumers with diabetes, careful monitoring of blood glucose and frequent contact with a physician is mandatory for good health.

Prevention:

Take Charge of YOUR HEALTH

A year ago, Lisa Corbeil struggled with fluctuating blood-glucose levels, blurred vision, leg pain, and fatigue due to her type 2 diabetes. Determined not to succumb to the disease that took her brother's life, she resolved to make some major changes on her own.

Among them were substantial lifestyle changes, including a strict diet and exercise plan to take off weight and increase her energy level. The more pounds she shed, the stronger her determination grew.

"When I first started doing more, I used to have to argue with myself," said Corbeil, 46, from Philadelphia. "Should I walk or take the bus? And now it just comes naturally. I think if you can push through that, it becomes second nature."

Studies show that losing weight—even in moderate amounts—and increasing physical activity levels can substantially improve the health of those who have diabetes or appear headed for a diagnosis due to rising blood-glucose levels.

In a landmark, government-funded

study, people with escalating blood-glucose levels were asked to exercise at least 150 minutes per week and to lose five to seven percent of their body weight. A separate group of people with the same risk factors was given diabetes medication. While some members of both groups were able to reverse the course of their disease, the group that made lifestyle changes fared significantly better, lowering their risk of developing type 2 diabetes by as much as 58 percent! Even if you already have diabetes, staying active and losing weight can lead to substantial health benefits by helping to delay or prevent the many complications associated with diabetes, such as heart disease. What's more, studies show that staying active benefits your health even if you don't lose weight.

Unfortunately, the thought of making lifestyle changes can be daunting.

To successfully weave changes into your life, experts advise starting small: You don't have to train for a marathon or buy expensive exercise equipment to get started. Pick an activity that fits your lifestyle. Do you have walking paths around your neighborhood or office building? Take a 20-minute walk with a coworker during your lunch break.

Making major changes to what you eat to try to lose weight usually doesn't work.

Instead, start by eating the foods you already enjoy, but reduce your portion sizes. Take smaller servings or make it a practice to leave food on your plate. If you must have dessert, share one with a friend. Drink a glass of water before mealtimes so you don't feel as hungry when you sit down. Reach for a piece of fruit when you want a snack.

Do you have high blood pressure or cholesterol? See your doctor about getting medications that can help lower these. Keeping blood pressure under control if you have diabetes lowers your risk for heart disease by as much as 50 percent. Improving control of cholesterol can lower your cardiovascular risk by the same amount.

If blood-glucose levels are high, get them under control. Studies show that

every percentage point drop in A1C blood test results (e.g. from 8.0 to 7.0 percent) reduces the risk of eye, kidney and nerve disease by 40 percent.

Regular healthcare visits are also critical if you have diabetes. Know the warning signs for common complications and make sure you see a doctor if anything seems amiss. It's worth the effort: Detecting and treating eye disease with laser therapy can reduce severe vision loss by 50 to 60 percent.

Even something as simple as having your feet checked at every office visit can make a big difference. You can reduce amputation rates by up to 85 percent if you check your feet regularly and have minor problems treated immediately.

Make no mistake—change is not always easy. But aren't you worth it?

Diabetes and Dental Health

When it comes to taking care of your health, don't forget your teeth!

Good dental health is important for preventing diabetes-related complications. That's right, there's a link between a healthy mouth and a healthy body!

Studies show that people with diabetes are at greater risk for gum disease and other oral health problems, such as infections, poor healing and dry mouth. That's because diabetes affects the way blood flows into your gums and can weaken your

saliva's ability to fight germs and wash the plaque from your teeth.

Believe it or not, there's even a link between poor oral health and heart disease!

So remember to keep your teeth and mouth as clean as possible, even if you wear dentures. Brush your teeth and gums and floss between your teeth several times a day. See a dentist at least twice a year. Don't smoke (it can also lead to cavities). And, if

your diabetes medication causes dry mouth, chew sugar-free gum to keep the saliva flowing. You need saliva to wash away germs and acids in your mouth.

Gum disease can strike at any age, so make sure your children are also following these guidelines for good dental health.

For more information on the link between dental health and diabetes, visit www.diabetes.org/type-2-diabetes/mouth-care.jsp.

Pass It On

PEOPLE HELPING PEOPLE



All the Comforts

MY FRIEND ELAINE WOOD IN San Antonio has a huge heart, especially when it comes to caring for people with mental disabilities. She has firsthand experience. Her son was diagnosed with schizophrenia as a teen. As he got older, he yearned for independence. Elaine helped him make the transition from a psychiatric hospital to his own apartment and job. She met other parents who wanted to help their kids make that transition. Elaine rallied the help of another mom, Patsy Cheyney. They founded Home Comforts, an organization that provides mentally dis-

abled adults in San Antonio with the basics they need to live comfortably in their own homes, as well as a cheering section to celebrate accomplishments.

—SHARON LOPEZ
DALLAS, TEXAS

Key Words

I WAS RUSHING OUT THE DOOR TO A job interview one morning. As I grabbed my keys I noticed they felt different. When I got to the building for the interview, I had time to take a closer look at my keychain. There was a new key, with the engraved words, "God never shuts one door without opening another." I smiled. A gift from my daughter, Tamara. Her dad and I had been tucking notes of encouragement into her backpacks ever since she'd first learned to read. I didn't get that job. But I got something better: a sense of what a wonderful young lady my daughter had become,

and how she was a keeper of a treasured family traditions.

—MARQUINEZ HUGHES PRATT
OKLAHOMA CITY, OKLAHOMA



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Abundant Table

HEALTHY FOOD FOR BODY AND SOUL

Red & Green Cabbage Salad

CABBAGE IS A GREAT ANTIOXIDANT FOR YOUR BODY, HELPING ELIMINATE harmful compounds. For a healthier option try artificial bacon bits.

- | | |
|---|---|
| 1/2 head green cabbage, cored and cut in thin strips | Salt |
| 1/2 head red cabbage, cored and cut in thin strips | 1 small carrot, peeled and finely diced |
| 6 tablespoons sherry vinegar | 1 apple, peeled and finely diced |
| 1/2 teaspoon cumin seeds | 3 tablespoons finely chopped flat-leaf parsley |
| Freshly ground black pepper | 3 tablespoons walnut pieces, lightly toasted in dry skillet |
| 4 thick slices bacon, cooked until crisp and crumbled | 1 tablespoon sugar |
| | 2 tablespoons olive oil |

Bring pot of water to a boil. Fill bowl with ice water. Add cut green cabbage to boiling water and blanch for 1 minute, then transfer to ice water; drain; set aside in bowl. Repeat with red cabbage. Set aside in separate bowl so color doesn't bleed into green cabbage. In a pot bring vinegar to a boil. Pour half over green and half over red cabbage; divide cumin seeds between cabbages; season with salt and pepper. Let marinate for 20 minutes. Drain; place both in large bowl with bacon, carrot, apple, parsley, walnuts, sugar, oil. Toss to coat.



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GRACE

From *Giving Thanks at Mealtime*, published by Tyson:

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His Mysterious Ways

MORE THAN COINCIDENCE

THE WOMAN AT THE AIRLINE TICKET COUNTER IN MUNICH, Germany, just shook her head. "I'm sorry, but there's no more availability on this flight," she said. *Great*, I thought. My husband, Bob, and I had enjoyed every moment of our dream vacation, two weeks in Europe, but I was ready to go home to Shreveport, Louisiana, and sleep in my own bed. Bob could see how frustrated I was. "We'll just have to try to get on the flight tomorrow," he said. "Let's enjoy the extra day."

Bob's right, I thought. There were more important things to be worried about—my son Joe, a First Lieutenant in the Army 82nd Airborne Division, would be returning to Ft. Bragg in North Carolina for a short R & R from his tour of duty in Baghdad, and we weren't sure we'd be able to see him in the little time he'd be stateside. Plus the time was so up in the air! Back at our hotel, I checked my e-mail to see if our daughter-in-law Monica had any news on when Joe was due to arrive. Sure enough, there was a message. "Joe's been delayed again," it read, with one of those little frowny faces.

The next morning we made it onto our flight back to the States. Unfortu-

We'd enjoyed every moment of our dream vacation, but I was ready to go home and sleep in my own bed.

nately, we had to stop in Atlanta. Our connecting flight there was delayed because of bad weather. The hours passed. I felt the frustration building. "That's it!" I finally said. "I just want to get home already!"

That's when I saw a group of soldiers coming down the ramp from one of the gates. I thought of Joe. *They're coming back from a war*, I reminded myself. *I'm coming back from vacation. What right do I have to be frustrated?* Maybe the troops were God's way of reminding me to trust in his time. Bob grabbed my arm. "Look at those soldiers coming down the ramp."

"I see them," I said. Bob persisted. "Do you see who's in front?" Suddenly, all those delays across all those miles made perfect sense. I rushed toward my son Joe's open arms.

➔ Want more? For other *Mysterious Ways*, visit guidepostsmag.com.

—DEBRA DAVIS

SHREVEPORT, LOUISIANA



THADDEUS HARDEN

My Best Role ever!

Acting, says this Academy Award winner, is all about connecting

BY MARCIA GAY HARDEN,
NEW YORK, NEW YORK

LOOK UP "STRUGGLING YOUNG ACTRESS" IN THE DICTIONARY and you might see a picture of me, circa 1982. Rushing to open casting calls in between waiting tables, always worried about how to make the rent. Just about the only acting cliché I *wasn't* fulfilling at the time was living in New York City. I was based in Washington, D.C., where I was waiting to get my Screen Actors Guild Union card. When I did, then I'd make the big move to NYC.

It was an uncertain time in my life, but one thing I was certain of: Acting meant everything to me. From the first part I'd played in high school (in *Up the Down*

Staircase, thanks for asking!), there was a quality about acting that made me feel in touch with something big and mysterious and meaningful.... It may sound funny, but the feeling I got when I was playing a role I connected with was that God was using me for something good.

SCREEN GEM *Marcia has appeared in more than 30 films.*

When I was blessed with a role I was really passionate about, I felt like I was doing something I was truly meant to do.

Of course, most days found me hustling through a pair of swinging restaurant doors with a stack of hot plates on my arm. And that was fine too. I was paying my dues, doing what all young actors did.

One day, as I was finishing up a long hard lunch shift, I found myself in a particularly upbeat mood. I had reason to be. First off, I'd just finished a production of *And They Dance Real Slow in Jackson* for a local theater. We packed a small house every night, and I was confident that I'd done a

good job. Plus—and more important—Oliver Stone was coming to town to do a casting call for his upcoming movie *Born on the Fourth of July*, the story of paralyzed Vietnam War veteran Ron Kovic. The call was just for crowd-scene extras, but I didn't care. The way I figured, Oliver Stone would notice me, pull me out of the lineup and lo and behold, I'd have my big break. I guess you could say I was in one of my optimistic periods.

Two women came in, sat down at a table in my section and smiled like they knew me when I came up to take their order. Turns out they did. "We saw your performance in *And They Dance Real Slow in Jackson* last week. You were wonderful! We'd like to offer you a job."

When is an actress not happy to hear those words? I asked what the part was. "Probably not what you think," the other woman said. "Snow White."

"Snow White? Where's the production?" I asked.

"Georgetown University Hospital," the first woman said. "We're from the Make-A-Wish Foundation. A seven-year-old girl named Bonnie is dying of pediatric cancer. She doesn't have much more than a month to live. *Snow White* is her favorite movie. Our foundation grants wishes to terminally ill children. And Bonnie's wish is to meet Snow White." I gave them an answer before I'd even handed them their

menus. The part felt right and the cause was good. I promised them I'd be available the day they needed me.

I'm not a big fan of irony. So you can imagine how I felt two days later when one of the Make-A-Wish ladies called to give me the date for my appearance at the hospital. You guessed it. Same date as my casting call. "Couldn't you make it another day?" I asked, panicked.

"I'm sorry," she said. "Bonnie's running out of time." I hung up and called the casting agency in charge of Oliver Stone's visit. Was there any chance I could audition on another day? "Oliver's only in town for that day," the casting director told me. "Marcia, this is a great opportunity. Whatever conflicts you have on that date, I'd advise you to find a way to reschedule them."

I didn't sleep a wink that night. I had to make a decision. What was right for me? Success had to be Priority Number One. It was as simple as that. They could get another Snow White. I might not get another chance like this. I'd call first thing in the morning and cancel the hospital job.

Yet it just didn't feel right. I'd promised to make a sick little girl's wish come

*I didn't sleep
a wink that night.
I had to make
a decision.
What was right
for me?*

true. How could I put ambition above that? The next day I called the agency and told them I couldn't make the casting call. "I have another engagement I can't back out of," I said.

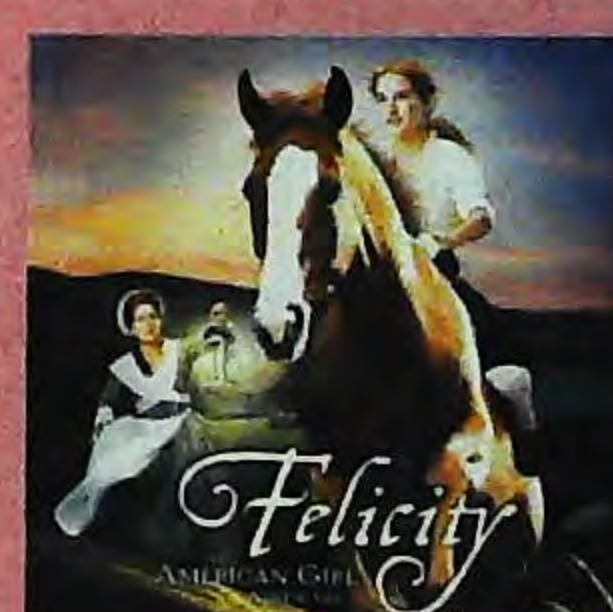
By the day of my performance as Snow White, I was as ready as I'd ever been for any role I'd played in my life. I had no lines to

learn, but I'd gotten a good costume, reread *Snow White* for the first time since I was a kid, re-watched the Disney movie and buried myself thoroughly in the character. I could rattle off the names of all Seven Dwarfs without a hitch.

The only problem was I kept bursting into tears. I was positive this would've been my big break—my one chance to make it. And I was letting it go.

The morning of the performance I got into costume at home. I must have been a curious sight as I made my way to Georgetown University Hospital. How many times do you see a weeping Snow White at the wheel of a yellow convertible VW Bug?

On top of everything else, traffic was horrible. I got to the hospital late and flew



ROLL FILM! Marcia brandishes her Oscar in 2001; her many movies include, *Bad News Bears*, *Rails & Ties* (with Kevin Bacon) and *Felicity: An American Girl Adventure* (daughter Eulala played one of her children!)

in—stopping only to make one last call to the casting director to beg once more for a chance to reschedule. “No, Marcia,” the agent said. “This is it.” It was a pay phone, and as I spoke, I could see my distorted reflection in its metal surface. A pale woman with black hair and blotchy red patches from incessant crying. Some Snow White. Some actress.

I hung up, asked for directions at the information desk and went running for the elevator. Down at the end of a long hallway, a woman and a girl were standing outside the hospital room: Bonnie’s mother and 12-year-old sister. Bonnie’s mom recognized me (it would have been hard not to in my getup) and greeted me with a big hug. Then she handed me a bag with a Barbie and some other toys in it. “If you don’t mind, I thought it would be nice if Snow White gave Bonnie some presents. She’s having a bad day, but she is looking forward to this so much.”

*The real mystery
of acting
always came when
I was playing
a role I knew I was
meant to play.*

“Sure,” I said, taking the bag of toys. Then I took a deep breath and steeled myself—the way I do before every performance—and walked into the room. What I found stopped me cold. All my doubts about whether this was the right thing to do vanished. I’d been prepared to meet a sick girl. But

the girl sitting on a pallet on the floor was so small and thin. I knew Bonnie was seven, but she barely looked five.

Bonnie raised her eyes and stared at me. Her face, pale as it was, lit up like a candy store. “Snow White!” she said.

I stood there dumbly. *Come on*, something inside me said. *Pull it together. You know what you’re here for.* Then something clicked. I wasn’t just a struggling actress playing Snow White. I *was* Snow White. “Hello, Bonnie!” I said in dulcet tones. “I’m so glad to see you! I’m so sorry that Grumpy and Sneezy and Doc (I named all seven) weren’t able to make it!”

We talked for a while. I told her all about the handsome prince and gave her her gifts. “Snow White?” Bonnie said, grabbing my hand.

“Yes, Bonnie?”

“When I die, will the prince kiss me and then I’ll wake up again?”

The room fell silent. How do you answer a child’s question like that? It had never struck me that Bonnie wanted to meet Snow White to answer a life-after-death question. What could I say to this brave, beautiful, honest girl? I closed my eyes for a second and tried to imagine what Bonnie must be feeling. How lonely it must be to be this young and this sick. “No, Bonnie,” I said, “it’s even better. When you go to heaven, God will kiss you and then you’ll wake up again.”

You remember what I was saying earlier about how the real mystery of acting came when I was playing a role I knew I was meant to play? Well, at that moment in that hospital room with Bonnie, I got that feeling. I got it like I had never gotten it before in my life. I knew that I was exactly where I was meant to be, playing exactly the role I was meant to play.

Bonnie died just a week later. Was I able to make her passing a little easier? Hopefully I was part of that plan. And Bonnie was definitely part of the plan for me. She taught me that acting is about connecting, not about union cards and red carpets and ambition. Eventually I got my SAG card and moved up to New York City. After a couple more years of acting classes and waitressing and temping and living in crummy apartments and all the rest of that stuff, I got it. My big break. Two upstart young brothers, directors Joel and Ethan Coen, cast me in their movie *Miller’s Crossing*. I was on my way.

In 2001 I received an Academy Award for my work as the painter Jackson Pollock’s wife, Lee Krasner, in Ed Harris’s film *Pollock*. Last year I played the mother of Chris McCandless in the film *Into the Wild*. Wonderful roles in wonderful movies. Roles that, while I was playing them, made me *know* I was where I was meant to be. That all the struggle and uncertainty was for a reason. It’s a wonderful feeling. ■

For more on this story, see Family Room.

VIRTUAL INSPIRATION —CELESTE McCAULEY, SENIOR EDITOR

We photographed Marcia at her home in New York (her brother, Thaddeus, took the pictures). Between takes we asked her for the three things that inspire her most. “That’s easy,” she said from across her rustic kitchen table. “Julitta and Hudson”—her tod-

dlers twins who were climbing up on her lap—“and Eulala,” her nine-year-old daughter on the window seat. That December day Marcia had no less than six movies out and was in the midst of filming another—playing opposite Christopher Walken in a comedy due out later this year. But

for this Oscar winner, her most important role is Mom. “Nurturing kids and having them grow up to be wonderful adults, that’s success for me.” When Marcia’s daughter Eulala was in a class at a local YMCA Marcia heard about the Virtual Y, an afterschool program offered in New

ELISA RUIZ, COURTESY YMCA OF GREATER NEW YORK

York City public schools that focuses on building confidence in kids outside the classroom. “It’s about encouraging kids at that crucial time of day. It was a program I had to be part of,” she says. Visit ymcany.org to learn more. See Marcia give expert advice to Justin, a student from the program who sings like an angel, at guidepostsmag.com/marcia.



“Y” SHE’S INSPIRED Marcia at a YMCA charity fund-raiser with student singers Justin and Mariah



bounce!

On her 30th birthday
she did the silliest
thing possible.

It saved her life

BY SARA O'BRIEN,
MOORESTOWN, NEW JERSEY

LIZ AND I WERE FINISHING OFF THE LAST OF MY birthday cake. I glared out the window to the backyard, where the off-the-wall present I'd bought for myself for my thirtieth birthday seemed to almost glow in the moonlight. "I still can't believe you bought that," my roommate said. Liz had a point. It was a completely crazy impulse buy, an urge I couldn't explain. I was a musician and didn't really have a steady income—of all the things I could spend my money on, why had I bought this? A big round trampoline.

Liz burst into laughter when I first told her what I was getting myself. "A trampoline?" she said. "You're crazy!" Maybe I was, but I'd always wanted a trampoline, ever since I was a little girl and my cousins had one. *Does turning thirty mean I can't have a little fun?* I thought about what my mom had taught me. She passed away when I was 15, but her lessons were as vivid today as they were back then. One of those lessons was that birthdays were the time for silly wishes. We used to write our crazy dreams on slips of paper and bake them into the birthday cake. Things like, "A kiss from the cute boy in homeroom" or "A horseback riding trip this summer." I knew she would have approved of my trampoline. At my birthday party, all my friends went outside and we took turns jumping around on it, laughing as we did back flips, our arms and legs flailing every which

UPWARD BOUND
Sara (left) and her
roomie, Liz, jump
for joy.

PHOTOS BY ZAVE SMITH

way, bouncing like mad. It was such a good time. It was the perfect present, even if it didn't really make any sense.

Now, four days later, the novelty of the trampoline had started to wear off. Fast. The more I looked at it the more I felt old. Thirty! What was I doing with my life? Bouncing up and down? I finished off the cake, went upstairs and got ready for bed. The room was a bit stuffy, so I cracked the window. Down in the yard the trampoline stared up at me. My friends' kids liked jumping around when they came over, but I wondered how long I would keep using it. It would need maintenance to keep it safe (a friend joked that I would have to get the neighborhood kids to sign injury waivers). When winter hit, I'd have to either disassemble it or cover it somehow. It would be a lot of trouble. Not to mention the odd stares I got from my neighbors.

Why had I caved in to that desire? Was I having a mid-life crisis? Well, whatever it was, it had cost me two hundred and fifty dollars I could have spent on a new guitar or put toward recording equipment. Something practical. I shook my head, tucked myself into bed and closed my eyes.

I had fallen deeply asleep when something jolted me awake. The clock read 3:30 A.M. *Why am I awake?* The air felt dry, my nose and throat tickled. It didn't seem like any cool air was flowing through the open window. I was exhausted and annoyed. *I want to go back to sleep!* But no matter how hard I tried, I couldn't. Finally, I got up, slid on my slippers, opened my bedroom door and stepped into the hall.

That's when I smelled it. Smoke! My heart thumped in my chest. The smoke smell was strong, so I ran to the bathroom

for a wet towel. Maybe I could just throw it on the fire. It couldn't be that bad yet, right?

I headed for the stairs. Suddenly I heard crackling, louder and louder. What was going on downstairs? I peered over the railing. A rush of smoke and hot air slapped me in the face. The entire first floor of the house was ablaze! The smoke thickened. The air seemed ready to explode. I backed away from the staircase. *I've got to wake Liz!*

I ran into her bedroom and shut the door behind me. "Wake up!" I yelled, shaking her.

She opened her eyes, startled. "What's going on?" she asked.

"Fire!" I yelled. "We need to call 911."

I grabbed Liz's cell and dialed.

"Can you leave the house?" The operator asked.

"No," I said, "the stairs are on fire."

"Stay in the room away from the fire and stay low," the operator said. "The fire department will be there soon."

The heat was growing unbearable. Even with the door shut and a wet towel under it, I could feel the fire licking at the walls around us. The door rattled as if some monster were trying to burst in. Liz and I huddled on the floor by the windows. It felt as if we were in an oven. My head was throbbing. How long did we have until the firefighters arrived? Five minutes? Ten? Would it be too late?

"Help!" Liz and I screamed in unison, leaning out her two windows. But the neighborhood was quiet, the streets empty, the houses next door all dark. Liz's bedroom was high above the ground and above a hard concrete patio...but there was an ornamental awning beneath one of Liz's windows. "Liz," I yelled, "jump onto the awning!"

There wasn't any time for doubt. Liz



GOOD DEAL
Sara and Liz agree—the trampoline wasn't such an impractical gift after all.

me safe, I prayed.

Then I let go of the frame. I felt myself falling, falling. It seemed like forever. Everything seemed to freeze around me. I was falling through the air, feeling the intense heat of the house give way to

the cool night air. My feet hit the trampoline and I bounced skyward before coming back down again. And up again. And down. Bouncing. Safe.

I jumped down and Liz and I ran to the front of the house. Just then, all of the windows blew out. Glass and splinters went flying everywhere. Flames reached up out of the second-story windows, right where we had stood just moments earlier. Thirty seconds more, and I would have been gone.

The fire trucks arrived minutes later. "It's a miracle you got out alive," one of the firemen said to us, shaking his head.

It seemed like such a silly thing, that trampoline. Something completely impractical, a birthday gift to myself I would soon get bored of and would leave to rust in my backyard.

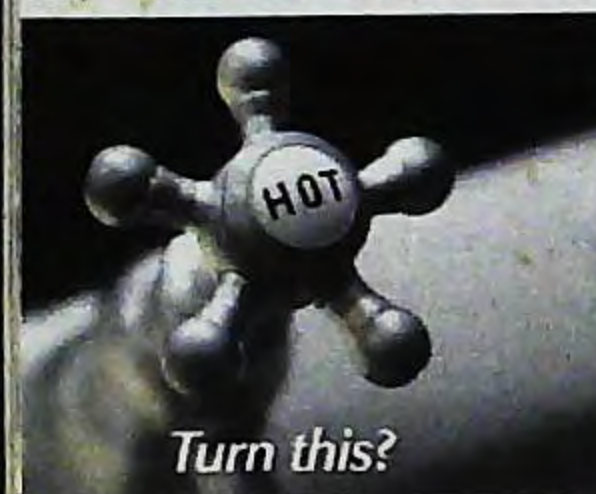
But my mom knew that birthdays are the time for silly things—silly things and crazy urges that can end up saving your life. And at 30, I have finally realized that I've got a lot of life to live. ■



Can you open this?



Fasten this?



Turn this?



Pull this?

Still having trouble
with everyday things?

Maybe it's time for a
change in treatment.

ORENCIA is an RA treatment that works differently. It's a prescription medication used to treat adults with moderate to severe RA who have not been helped enough by other medications for RA. It's been shown to:

- Relieve the pain, swelling, and fatigue of RA
- Control the advance of joint damage
- Help improve physical and emotional health-related quality of life

ORENCIA is a 30-minute IV infusion given by a healthcare professional.
ORENCIA is given every 4 weeks after initial dosing regimen.

Important Safety Information about ORENCIA:

Before you receive treatment with ORENCIA, some of the things you should tell your doctor are if you:

- are taking other biologic medicines for RA such as Enbrel®, Remicade®, Humira®, or Kineret® because taking ORENCIA with biologic medicines for RA may increase your risk of getting a serious infection
- are prone to or have any infection like an open sore or the flu because having an infection could put you at risk for serious side effects from ORENCIA
- have a history of a chronic lung disease called COPD. ORENCIA may worsen symptoms of COPD
- are nursing, pregnant, or planning to become pregnant. Talk with your doctor about whether to continue with ORENCIA

- have diabetes and are using a blood glucose monitor. Some monitors can give falsely high blood glucose readings with ORENCIA on the day of your infusion

Like all medicines that affect your immune system, ORENCIA can cause **serious side effects** including serious infections and allergic reactions. Also, rare cases of certain cancers have been reported. The role of ORENCIA in the development of cancer is not known. Common side effects include headache, upper respiratory tract infections, sore throat, and nausea.

If you have any questions about ORENCIA, talk with your doctor.

Please read the Important
Facts on the following page.

You are encouraged to report negative side effects of prescription drugs
to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



Can you turn this?



Grasp this?

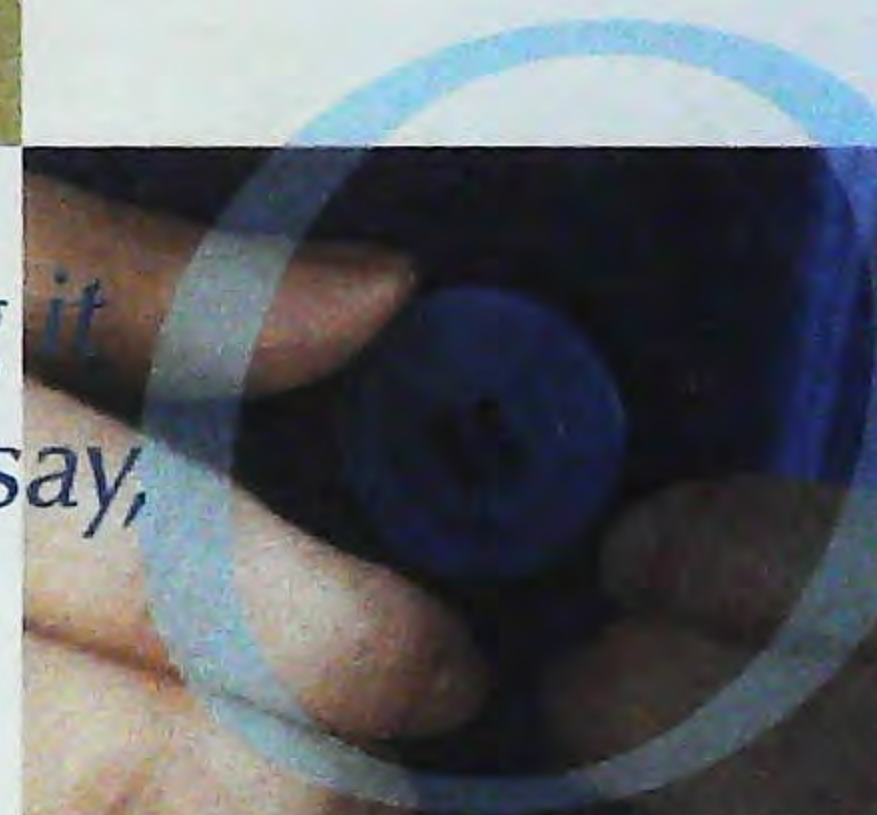


Pull this?

Still finding it
difficult to say,
"I can"?

See inside.

Please read the Important Information on the back of this card.



Can you do the everyday things you need to do?
If your current treatment isn't helping enough,
it may be time for a change.

ORENCIA is a different treatment. It's a prescription medicine that is used to treat adults with moderate to severe rheumatoid arthritis (RA) who have not been helped enough by other medicines for RA. Find out more about ORENCIA and how it could make a difference for you. Get your free factbook, personal symptom tracker, and questions to ask your rheumatologist, so together, you can decide if ORENCIA is right for you. To receive your factbook faster, sign up online at www.YesIcanORENCIA.com. Or, if you prefer, simply fill out the attached card or call 1-877-894-1633.

*Oh, yes I can!*TM



Your results may vary.

Get your free factbook about ORENCIA, along with a symptom tracker and questions to discuss with your rheumatologist. Just sign up at www.YesIcanORENCIA.com, call 1-877-894-1633, or fill out and send back this card.



Please read the Important Information on the back of this card.

 **ORENCIA**[®]
(abatacept)

Please answer these questions.

If you are filling this out on behalf of someone else, please answer the questions as they apply to the patient, to the best of your ability.

- Are you requesting this information for yourself or on behalf of someone else?
☐ Self ☐ Someone else
- Have you been diagnosed with rheumatoid arthritis?
☐ Yes ☐ No
- Are you on one of the following biologic medications?
☐ Enbrel[®] ☐ Humira[®] ☐ Kineret[®]
☐ ORENCIA[®] ☐ Remicade[®] ☐ Rituxan[®]
- Are you on a disease-modifying antirheumatic drug such as methotrexate, Plaquenil[®], or Arava[®]?
☐ Yes ☐ No
- Please indicate how satisfied you are with the biologic medication you are currently taking for your rheumatoid arthritis. Please choose any number from "1" to "10."
Not at all satisfied Extremely satisfied
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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I understand that the information I've given on this card will remain confidential, as will any information I provide about myself or others. Bristol-Myers Squibb or parties acting on its behalf may contact me in the future for market research, clinical trials, and other information that it believes to be of interest to me. I can request that my name and other information be removed from future contacts by calling 1-800-ORENCIA.

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Important Information About ORENCIA® (abatacept)

Indication and Usage

ORENCIA is a prescription medicine that is used to treat adults with moderate to severe rheumatoid arthritis (RA) who have not been helped enough by other medicines for RA. Your doctor may consider treating you with ORENCIA because your disease is still active even though you may have tried other treatments. ORENCIA can be used alone or with other agents. ORENCIA should not be taken with biologic medications for RA such as Enbrel®, Humira®, Remicade®, or Kineret®.

Important Safety Information About ORENCIA

Before you receive treatment with ORENCIA you should tell your doctor if you:

- are taking a TNF blocker (eg, Enbrel, Humira, Remicade) to treat RA. ORENCIA should not be taken with these medications because you may have a higher chance of getting a serious infection.
- are taking Kineret to treat RA. ORENCIA should not be taken with Kineret.
- are taking any other medications including hormones, over-the-counter medicines, vitamins, supplements, or herbal products.
- have any kind of infection including an infection that is in only one place in your body (such as an open cut or sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from ORENCIA. If you are unsure, please ask your doctor.
- have an infection that won't go away or a history of infections that keep coming back.
- have had tuberculosis (TB), a positive skin test for TB, or if you recently have been in close contact with someone who has had TB. If you develop any of the symptoms of TB (a dry cough that doesn't go away, weight loss, fever, night sweats) call your doctor right away. Before you start ORENCIA, your doctor may examine you for TB or perform a skin test.
- are scheduled to have surgery.
- recently received a vaccination or are scheduled for any vaccination.
- have a *history* of chronic obstructive pulmonary (lung) disease (COPD).

Taking ORENCIA may cause your COPD symptoms to get worse.

(continued)

Important Safety Information (continued)

- have diabetes and use a blood glucose monitor to check your sugar levels. The infusion of ORENCIA® (abatacept) contains maltose, a sugar that can give falsely high blood glucose readings with some monitors on the day you receive your infusion. Your doctor may recommend a different monitor.
- are pregnant, planning to become pregnant, or are thinking about becoming pregnant. It is not known if ORENCIA can harm your unborn baby.
- are breast-feeding. You will need to decide to either breast-feed or receive treatment with ORENCIA, but not both.

Important Information to Know About Side Effects with ORENCIA® (abatacept)

Like all medicines that affect your immune system, ORENCIA can cause **serious side effects**. The possible serious side effects include:

- **Serious infections.** Patients taking ORENCIA are at increased risk for developing infections including pneumonia, and other infections caused by viruses, bacteria, or fungi. Call your doctor immediately if you feel sick or get any infection during treatment with ORENCIA.
- **Allergic reactions.** These reactions are usually mild or moderate, generally occur within the first 24 hours of an infusion, and include hives, swollen face, eyelids, lips, tongue, throat, or trouble breathing. There have been some serious allergic reactions reported in patients after they received an infusion of ORENCIA.
- **Malignancies. There have been rare cases of certain kinds of cancer in patients receiving ORENCIA. The role of ORENCIA in the development of cancer is not known.**

The more common side effects with ORENCIA are headache, upper respiratory tract infection, sore throat, and nausea.

Please read the Important Facts on the back of the adjacent ad.

Please answer these questions.

If you are filling this out on behalf of someone else, please answer the questions as they apply to the patient, to the best of your ability.

1. Are you requesting this information for yourself or on behalf of someone else?
☐ Self ☐ Someone else
2. Have you been diagnosed with rheumatoid arthritis?
☐ Yes ☐ No
3. Are you on one of the following biologic medications?
☐ Enbrel® ☐ Humira® ☐ Kineret®
☐ ORENCIA® ☐ Remicade® ☐ Rituxan®
4. Are you on a disease-modifying antirheumatic drug such as methotrexate, Plaquenil®, or Arava®?
☐ Yes ☐ No
5. Please indicate how satisfied you are with the biologic medication you are currently taking for your rheumatoid arthritis. Please choose any number from "1" to "10."
Not at all satisfied Extremely satisfied
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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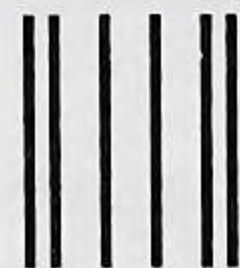


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Moderate to Severe Rheumatoid Arthritis **RA**



Oh, yes I can!

ORENCIA has been proven to make a difference for many RA patients who haven't been getting enough help from treatments such as methotrexate, Enbrel®, Humira®, and Remicade®.

There are several treatment options for RA.
Ask your rheumatologist if ORENCIA is right for you.

Find out if you could be saying "Oh, yes I can!"

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 **ORENCIA**
(abatacept)



If you need help paying for prescription medicines, you may be eligible for assistance. Call 1-888-4PPA-NOW (1-888-477-2669), or go to www.pparc.org.

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IMPORTANT FACTS

ORENCIA® / Rx only
(abatacept)

The information below does not take the place of talking with your healthcare professional. Only your healthcare professional knows the specifics of your condition and how ORENCIA® may fit into your overall therapy. Talk to your healthcare professional if you have any questions about ORENCIA (pronounced oh-REN-see-ah).

RHEUMATOID ARTHRITIS (RA)

RA is a disease of the immune system which causes joint pain and damage, and impacts the ability to perform daily activities.

ABOUT ORENCIA

ORENCIA (abatacept) is a prescription medicine that is used to treat adults with moderate-to-severe RA who have not been helped enough by other medicines for RA. ORENCIA has been shown to:

- Improve signs and symptoms of RA
- Slow the progression of joint damage
- Help improve physical function

ORENCIA should not be taken with biologic medicines for RA such as Enbrel®, Humira®, Remicade®, or Kineret®.

WHO SHOULD NOT TAKE ORENCIA

You should not receive ORENCIA if you have ever had an allergic reaction to ORENCIA.

BEFORE YOU START ORENCIA

Tell your healthcare professional if you:

- Are taking another biologic medicine for RA. Taking ORENCIA with another biologic medicine may increase your risk of getting a serious infection.
- Take or are planning to take any medicines including prescriptions, hormones, over-the-counter medicines, vitamins and herbal supplements.
- Have an infection that won't go away or are prone to infections as it could put you at risk for serious side effects from ORENCIA.
- Have had tuberculosis or have been in contact with someone who has it. Tell your healthcare professional right away if you develop a dry cough that does not go away, weight loss, fever, or night sweats.

- Have a history of chronic lung disease. ORENCIA (abatacept) can worsen symptoms of chronic obstructive pulmonary disease (COPD).
- If you are scheduled to have surgery.
- Have been recently vaccinated or are scheduled to receive a vaccination.
- Have diabetes and are using a blood glucose monitor. You may get falsely high blood glucose readings with certain types of blood glucose monitors the day you receive an infusion of ORENCIA.
- Are pregnant or are planning to become pregnant. It is not known if ORENCIA can harm your unborn baby.
- Are breast-feeding. You will need to decide to either breast-feed or receive treatment with ORENCIA, but not both.

IMPORTANT INFORMATION TO KNOW ABOUT SIDE EFFECTS WITH ORENCIA

Like all medicines that affect your immune system, ORENCIA can cause **serious side effects** including:

- **Serious infections** including pneumonia. The chance of serious infections is higher if you take ORENCIA with other biologic medicines for RA. Call your healthcare professional immediately if you feel sick or get any infection during treatment with ORENCIA.
- **Allergic reactions** including hives, swollen face, eyelids, lips, tongue, throat or trouble breathing.
- **Malignancies.** There have been rare cases of certain kinds of cancer in patients receiving ORENCIA. The role of ORENCIA in the development of cancer is not known.

The more common side effects with ORENCIA are: headache, upper respiratory tract infection, sore throat and nausea.

HOW ORENCIA WILL BE GIVEN TO YOU

ORENCIA will be given to you by a healthcare professional by intravenous (IV) infusion. A needle will be placed in a vein in your arm. The infusion will take about 30 minutes.

QUESTIONS?

Ask your doctor or other healthcare professional.
Call 1-800-ORENCIA (toll free) or visit
www.ORENCIA.com.



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FOR A SINGER, ESPECIALLY AN IRISH TENOR LIKE ME, YOUR **VOICE** IS AN
EXTENSION OF YOUR **SOUL**. I FELT LIKE I WAS LOSING BOTH

A QUIET TIME

BY DANIEL O'DONNELL, COUNTY DONEGAL, IRELAND

THE IRISH LOVE A CONCERT, AND I love giving one. I've performed on hundreds of stages all over the world, but that night I was at a large cabaret near Newbridge in Ireland's County Kildare. I sat backstage listening to the hum of the audience. Singing is my life, but that night in December 1991 I didn't want to perform. The truth is, I was exhausted, both physically and mentally. My voice was strained from performing over two hours a night, six days a week, in smoke-filled clubs. I was worn out from the pressure of 10 years on the road. I needed a rest. Outside my dressing room, 800 fans were waiting for me to sing. I tested my voice; it sounded hoarse. I walked onstage. The crowd rose and applauded.

My guitarist had already strummed the opening chords to "Stand Beside Me." I started to sing. I could tell my voice was off. I struggled through two more songs, then stepped to the mike. "Ladies and gentlemen," I said in a voice not much above a whisper, "I'm terribly sorry, but as you can hear, I'm not able to sing." For the first time in my life, I walked off a stage.

Four days later I told my manager I needed time off. "How long do you need, Daniel?" he asked, concerned.

"Six months," I said.

For the first few days I just walked around my village of Kincasslagh and visited friends. I thought of the long road I'd traveled, from laborer's son to country star. What a journey! I was born in the

FAVORITE SON *Danny is one of Ireland's best-selling musical artists.*

PHOTOS BY DAVID COLEMAN

seaside village of Kincasslagh, to Francie and Julia O'Donnell. We lived in a lovely-looking, two-story stone house—me, my parents, my two brothers and two sisters. I slept in a wee room off the kitchen, amongst the sound of family patter and the smell of breakfast cooking. My father was a workingman in a district with no work. Months at a time he left to toil as a farm laborer in Scotland. One night when I was six, I asked, "Where is my father?"

"He's away working, supporting us," my mother answered. The next year he died of a heart attack. Mom did her best to raise us. It wasn't easy, but she made sure we never wanted for anything. The

brother," she announced to the crowd. Margo turned to me. "Daniel and I are going to sing a song." I looked at her, unsure. "Have faith," she whispered. When we finished, the audience cheered. I was hooked.

I went to college, but left after a year to join Margo's band. I stayed with her for two years as a singer, then struck out on my own. I put together a group, Country Fever, and recorded my first album. Over the next few years we played practically every venue in Ireland, from Donegal to Cork, from Dublin to Galway. It was hectic. *But I love singing*, I'd remind myself.

My albums moved up the charts. We played larger halls, yet my unease kept

HOW COULD I PERFORM WITH SUCH TURMOIL IN ME?

bathroom was an outhouse across the road, and we had no running water. Saturday night was bath night. Mom would give us each a pail, and we'd go down the road to the water pump. We'd fill up a big oval tub in front of the open-hearth peat fire in the kitchen and each scrub up.

The first time I sang in public was as part of the choir in our local chapel, St. Mary's. Singing was something I wanted to do the rest of my life. I didn't have to look far for a role model. My sister Margo, 11 years older than I, had the loveliest voice. At 12, she was performing with bands at local dance halls. By the time she was 20, she was a country-music star, playing the biggest stages in Ireland.

One night my mother took me to see her at a concert. I must have been about 10. The band had just finished a song. Margo turned and waved to me. "Come here, Daniel," she said, reaching out her hand. "Come onstage with me. This is my

growing. And then exhaustion came and finally my voice gave out at that cabaret near Newbridge. I felt consumed by a turmoil I couldn't name. Why was I like this? A doctor's examination reassured me I had no nodules or damage to my vocal cords, and in a few months I was able to sing fine. But I didn't feel fine.

One day I was listening to my car radio when I heard about a healing priest. On a whim I attended one of his services and went down the aisle to be blessed. There at the altar I felt the initial stirring of something, something that had been missing from my life for a long time. A short time later a friend of mine, Sister Philomena, gave me a prayer and suggested I see a spiritual healer she knew in Dublin. "You should talk to Joe Dalton. I'll call him and get you an appointment."

I don't know what I expected to get out of our meeting. I went to his home and he started talking, mostly about his own sense

of exhaustion and feeling overwhelmed. For a long time, it seemed, his words went right over my head. Then Joe looked straight in my eyes and said, "I asked myself, 'Why have I got this turmoil?'" For months I'd been asking myself the same question. I waited for him to continue. Quietly Joe said, "One night I sat down and said, 'Lord, if you don't want me doing what I'm doing, I'll happily stop. Tell me what I'm supposed to do, and I'll do it. I just need to know.'"

Joe's words spoke to me. I'd struggled because I couldn't handle my life on my own anymore. In my success I'd forgotten where my true strength came from. I needed to give my life to God to be sorted out. *Lord, I prayed, I can't do this on my own.*



BONNY IRISH BOY
Living his dream

Show me what I need to do.

A couple days later I was in Belfast to do a show. I woke in the hotel and took a few steps from the bed. It was the strangest feeling: There was a spring in my step I hadn't felt in years. All at once I knew I was well. I felt whole, renewed, reborn. The crisis was over. I was ready to perform.

The joy of singing has finally returned to me and followed me as my career has

grown. But to this day I never go onstage without saying that prayer Sister Philomena gave me. "Lord," it says, "I come before you just as I am. Heal me, change me, strengthen me in body, soul and spirit. I shall follow you every day of my life." Then, and only then, do I walk out onstage and pick up the microphone. ■

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People with COPD breathe better with SPIRIVA.

If you have a history of smoking and breathing problems, it could be COPD (chronic obstructive pulmonary disease). COPD includes chronic bronchitis and emphysema.

Ask your doctor about SPIRIVA, because it:

- ▲ Is the only once-daily, inhaled maintenance prescription treatment for COPD
- ▲ Helps you breathe better for a full 24 hours by keeping airways open
- ▲ Is not a steroid

SPIRIVA does not replace fast-acting inhalers for sudden symptoms. Do not swallow the SPIRIVA capsule. The most common side effect of SPIRIVA is dry mouth. Others include constipation and problems passing urine. Tell your doctor about your medicines, including eye drops, and illnesses like glaucoma and urinary or prostate problems. These may worsen with SPIRIVA. If you have vision changes, eye pain, your breathing suddenly worsens, you get hives, or your throat or tongue swells, stop taking SPIRIVA and contact your doctor.

SPIRIVA is one of many treatment options to consider with your doctor. For more information, call 1.877.SPIRIVA or visit spiriva.com

Please see brief summary of full Prescribing Information on the following pages

Make a habit of breathing better

 **SPIRIVA[®] HandiHaler[®]**
(tiotropium bromide inhalation powder)



Spiriva® HandiHaler®
(tiotropium bromide inhalation powder)

FOR ORAL INHALATION ONLY
Brief Summary of Prescribing Information
INDICATIONS AND USAGE

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

CONTRAINDICATIONS

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is contraindicated in patients with a history of hypersensitivity to atropine or its derivatives, including ipratropium, or to any component of this product.

WARNINGS

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is intended as a once-daily maintenance treatment for COPD and is not indicated for the initial treatment of acute episodes of bronchospasm, i.e., rescue therapy.

Immediate hypersensitivity reactions, including angioedema, may occur after administration of SPIRIVA. If such a reaction occurs, therapy with SPIRIVA should be stopped at once and alternative treatments should be considered.

Inhaled medicines, including SPIRIVA, may cause paradoxical bronchospasm. If this occurs, treatment with SPIRIVA should be stopped and other treatments considered.

PRECAUTIONS

General

As an anticholinergic drug, SPIRIVA (tiotropium bromide inhalation powder) may potentially worsen symptoms and signs associated with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction and should be used with caution in patients with any of these conditions.

As a predominantly renally excreted drug, patients with moderate to severe renal impairment (creatinine clearance of ≤ 50 mL/min) treated with SPIRIVA should be monitored closely (see **CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations, Renally-impaired Patients**).

Information for Patients

It is important for patients to understand how to correctly administer SPIRIVA capsules using the HandiHaler inhalation device (see **Patient's Instructions for Use**). SPIRIVA capsules should only be administered via the HandiHaler device and the HandiHaler device should not be used for administering other medications.

Capsules should always be stored in sealed blisters. Remove only one capsule immediately before use, or its effectiveness may be reduced. Additional capsules that are exposed to air (i.e., not intended for immediate use) should be discarded.

Eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema may be signs of acute narrow-angle glaucoma. Should any of these signs and symptoms develop, consult a physician immediately. Miotic eye drops alone are not considered to be effective treatment. Care must be taken not to allow the powder to enter into the eyes as this may cause blurring of vision and pupil dilation.

SPIRIVA HandiHaler is a once-daily maintenance bronchodilator and should not be used for immediate relief of breathing problems, i.e., as a rescue medication.

Drug Interactions

SPIRIVA has been used concomitantly with other drugs commonly used in COPD without increases in adverse drug reactions. These include sympathomimetic bronchodilators, methylxanthines, and oral and inhaled steroids. However, the co-administration of SPIRIVA with other anticholinergic-containing drugs (e.g., ipratropium) has not been studied and is therefore not recommended.

Drug/Laboratory Test Interactions

None known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No evidence of tumorigenicity was observed in a 104-week inhalation study in rats at tiotropium doses up to 0.059 mg/kg/day, in an 83-week inhalation study in female mice at doses up to 0.145 mg/kg/day, and in a 101-week inhalation study in male mice at doses up to 0.002 mg/kg/day. These doses correspond to 25, 35, and 0.5 times the Recommended Human Daily Dose (RHDD) on a mg/m² basis, respectively. These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

Tiotropium bromide demonstrated no evidence of mutagenicity or clastogenicity in the following assays: the bacterial gene mutation assay, the V79 Chinese hamster cell mutagenesis assay, the chromo-

somal aberration assays in human lymphocytes *in vitro* and mouse micronucleus formation *in vivo*, and the unscheduled DNA synthesis in primary rat hepatocytes *in vitro* assay.

In rats, decreases in the number of corpora lutea and the percentage of implants were noted at inhalation tiotropium doses of 0.078 mg/kg/day or greater (approximately 35 times the RHDD on a mg/m² basis). No such effects were observed at 0.009 mg/kg/day (approximately 4 times the RHDD on a mg/m² basis). The fertility index, however, was not affected at inhalation doses up to 1.689 mg/kg/day (approximately 760 times the RHDD on a mg/m² basis). These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

Pregnancy

Pregnancy Category C

No evidence of structural alterations was observed in rats and rabbits at inhalation tiotropium doses of up to 1.471 and 0.007 mg/kg/day, respectively. These doses correspond to approximately 660 and 6 times the recommended human daily dose (RHDD) on a mg/m² basis. However, in rats, fetal resorption, litter loss, decreases in the number of live pups at birth and the mean pup weights, and a delay in pup sexual maturation were observed at inhalation tiotropium doses of ≥ 0.078 mg/kg (approximately 35 times the RHDD on a mg/m² basis). In rabbits, an increase in post-implantation loss was observed at an inhalation dose of 0.4 mg/kg/day (approximately 360 times the RHDD on a mg/m² basis). Such effects were not observed at inhalation doses of 0.009 and up to 0.088 mg/kg/day in rats and rabbits, respectively. These doses correspond to approximately 4 and 80 times the RHDD on a mg/m² basis, respectively. These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

There are no adequate and well-controlled studies in pregnant women. SPIRIVA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Use in Labor and Delivery

The safety and effectiveness of SPIRIVA has not been studied during labor and delivery.

Nursing Mothers

Clinical data from nursing women exposed to tiotropium are not available. Based on lactating rodent studies, tiotropium is excreted into breast milk. It is not known whether tiotropium is excreted in human milk, but because many drugs are excreted in human milk and given these findings in rats, caution should be exercised if SPIRIVA is administered to a nursing woman.

Pediatric Use

SPIRIVA HandiHaler is approved for use in the maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. This disease does not normally occur in children. The safety and effectiveness of SPIRIVA in pediatric patients have not been established.

Geriatric Use

Of the total number of patients who received SPIRIVA in the 1-year clinical trials, 426 were ≤ 65 years, 375 were 65–74 years and 105 were ≥ 75 years of age. Within each age subgroup, there were no differences between the proportion of patients with adverse events in the SPIRIVA and the comparator groups for most events. Dry mouth increased with age in the SPIRIVA group (differences from placebo were 9.0%, 17.1%, and 16.2% in the aforementioned age subgroups). A higher frequency of constipation and urinary tract infections with increasing age was observed in the SPIRIVA group in the placebo-controlled studies. The differences from placebo for constipation were 0%, 1.8%, and 7.8% for each of the age groups. The differences from placebo for urinary tract infections were –0.6%, 4.6% and 4.5%. No overall differences in effectiveness were observed among these groups. Based on available data, no adjustment of SPIRIVA dosage in geriatric patients is warranted.

ADVERSE REACTIONS

Of the 2,663 patients in the four 1-year and two 6-month controlled clinical trials, 1,308 were treated with SPIRIVA (tiotropium bromide inhalation powder) at the recommended dose of 18 mcg once a day. Patients with narrow angle glaucoma, or symptomatic prostatic hypertrophy or bladder outlet obstruction were excluded from these trials. The most commonly reported adverse drug reaction was dry mouth. Dry mouth was usually mild and often resolved during continued treatment. Other reactions reported in individual patients and consistent with possible anticholinergic effects included constipation, increased heart rate, blurred vision, glaucoma, urinary difficulty, and urinary retention.

Four multicenter, 1-year, controlled studies evaluated SPIRIVA in patients with COPD. Table 1 shows all adverse events that occurred with a frequency of $\geq 3\%$ in the SPIRIVA group in the 1-year placebo-controlled trials where the rates in the SPIRIVA group exceeded placebo by $\geq 1\%$. The frequency of corresponding events in the ipratropium-controlled trials is included for comparison.

Table 1: Adverse Experience Incidence (% Patients) in One-Year-COPD Clinical Trials

Body System (Event)	Placebo-Controlled Trials		Ipratropium-Controlled Trials	
	SPIRIVA (n = 550)	Placebo (n = 371)	SPIRIVA (n = 356)	Ipratropium (n = 179)
Body as a Whole				
Accidents	13	11	5	8
Chest Pain (non-specific)	7	5	5	2
Edema, Dependent	5	4	3	5
Gastrointestinal System Disorders				
Abdominal Pain	5	3	6	6
Constipation	4	2	1	1
Dry Mouth	16	3	12	6
Dyspepsia	6	5	1	1
Vomiting	4	2	1	2
Musculoskeletal System				
Myalgia	4	3	4	3
Resistance Mechanism Disorders				
Infection	4	3	1	3
Moniliasis	4	2	3	2
Respiratory System (upper)				
Epistaxis	4	2	1	1
Pharyngitis	9	7	7	3
Rhinitis	6	5	3	2
Sinusitis	11	9	3	2
Upper Respiratory Tract Infection	41	37	43	35
Skin and Appendage Disorders				
Rash	4	2	2	2
Urinary System				
Urinary Tract Infection	7	5	4	2

Arthritis, coughing, and influenza-like symptoms occurred at a rate of $\geq 3\%$ in the SPIRIVA treatment group, but were $<1\%$ in excess of the placebo group. Other events that occurred in the SPIRIVA group at a frequency of 1–3% in the placebo-controlled trials where the rates exceeded that in the placebo group include: *Body as a Whole*: allergic reaction, leg pain; *Central and Peripheral Nervous System*: dysphonia, paresthesia; *Gastrointestinal System Disorders*: gastrointestinal disorder not otherwise specified (NOS), gastroesophageal reflux, stomatitis (including ulcerative stomatitis); *Metabolic and Nutritional Disorders*: hypercholesterolemia, hyperglycemia; *Musculoskeletal System Disorders*: skeletal pain; *Cardiac Events*: angina pectoris (including aggravated angina pectoris); *Psychiatric Disorder*: depression; *Infections*: herpes zoster; *Respiratory System Disorder (Upper)*: laryngitis; *Vision Disorder*: cataract. In addition, among the adverse events observed in the clinical trials with an incidence of $<1\%$ were atrial fibrillation, supraventricular tachycardia, angioedema, and urinary retention.

In the 1-year trials, the incidence of dry mouth, constipation, and urinary tract infection increased with age (see **PRECAUTIONS, Geriatric Use**). Two multicenter, 6-month, controlled studies evaluated SPIRIVA in patients with COPD. The adverse events and the incidence rates were similar to those seen in the 1-year controlled trials.

The following adverse reactions have been identified during worldwide post-approval use of SPIRIVA: dizziness, dysphagia, epistaxis, hoarseness, intestinal obstruction including ileus paralytic, intraocular pressure increased, oral candidiasis, palpitations, pruritus, tachycardia, throat irritation, and urticaria.

DOSE AND ADMINISTRATION

The recommended dosage of SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is the inhalation of the contents of one SPIRIVA capsule, once-daily, with the HandiHaler inhalation device (see **Patient's Instructions for Use**).

No dosage adjustment is required for geriatric, hepatically-impaired, or renally-impaired patients. However, patients with moderate to severe renal impairment given SPIRIVA should be monitored closely (see **CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations and PRECAUTIONS**).

SPIRIVA capsules are for inhalation only and must not be swallowed.

HOW SUPPLIED

The following packages are available:

carton containing 5 SPIRIVA capsules (1 unit-dose blister card) and 1 HandiHaler inhalation device (NDC 0597-0075-75)
carton containing 30 SPIRIVA capsules (3 unit-dose blister cards) and 1 HandiHaler inhalation device (NDC 0597-0075-41)
carton containing 90 SPIRIVA capsules (9 unit-dose blister cards) and 1 HandiHaler inhalation device (NDC 0597-0075-47)

Rx only



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Here's the one answer you'll *always* get
to these three prayers



BY ANTHONY DeSTEFANO, STATEN ISLAND, NEW YORK

I know what you're thinking. *Always*? But I'm serious. In fact, although I only talk about three of the most important ones here, there are many, many prayers God says yes to. Not sometimes. Not most of the time. All the time.

The problem is that we get caught up in worrying about the prayers we have already prayed in our lives that God *hasn't* said yes to, prayers that we have to trust that he has reasons for not answering the way we want.

The beauty of the three prayers listed here is that they're *always* good for

us, no matter what the situation—so God is always ready to answer them with a decisive *Yes*.

Doubtful? Give them a try. You might just be surprised.

1) "Forgive me."

Life is full of things that aren't easy. But some things *are* easy. Easier, in fact, than we sometimes realize. One of those things is being forgiven. When it comes to making amends for mistakes we've made, the New Testament is as clear as can be that the hardest part has already been done for us. Being forgiven is a given. All we have to do is ask.

There's a catch. Being forgiven may be a snap, but asking for that forgiveness isn't. Why? Because few of us like to admit when we're wrong. Not just to our spouses, and not just to our colleagues at work, but most of all to the individual who we need, above all others, to be able to admit our faults to: God.

Which gets me back to the prayer in question. It's no exaggeration to say that Christianity is predicated on this single fact: If we say, "God, will you forgive me?" and sincerely try to mend our ways, he will never, ever answer with a No.

The implications are huge. Imagine a football game in which every fumble is ruled a do-over. That's the way God views our lives. Every time a player drops the ball, fouls another player or blows a play in any other way, God is ready to let us run it all over

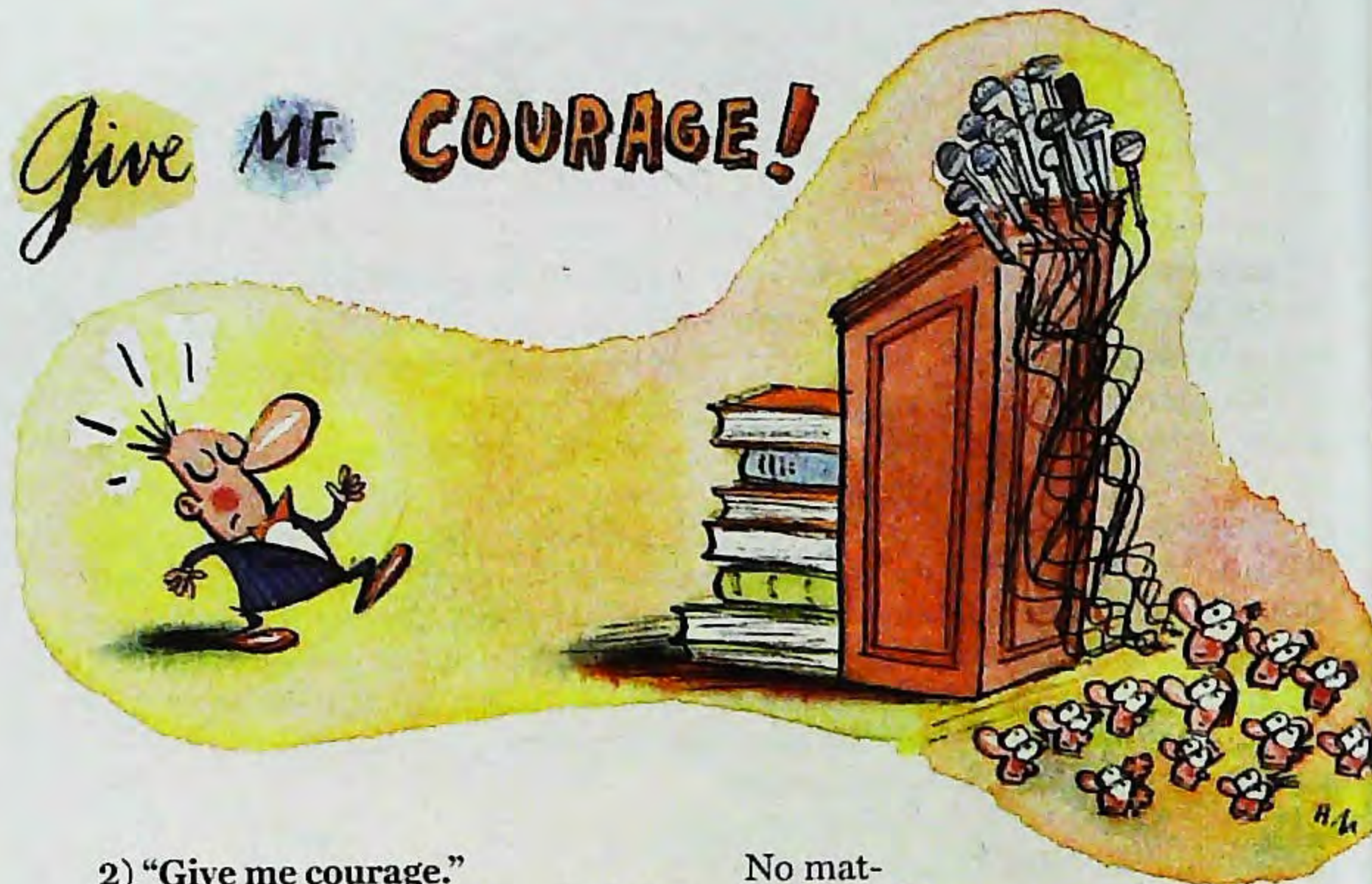
again till we get it right. No flags, no 10-yard penalties and no turnovers—as long as we admit our fault and ask for forgiveness.

Which only makes sense if you think about it. After all, God has been watching us blow plays on the field of life since time began. By this point, you can bet that he's not exactly surprised when we mess up! But he's always ready to give us another chance. All we need to do is ask.



Forgive **ME!**

Give ME COURAGE!



2) "Give me courage."

Even when we get good at admitting our shortcomings, there's one that most of us still have trouble owning up to. That shortcoming is cowardice. Laziness, jealousy, anger...you may be willing to admit you struggle with those and a dozen other less-than-attractive qualities. But the odds are you still won't be ready to admit that you're afraid. That's why "God, give me courage" is one of the hardest prayers to utter. But hard as it is, it also might just be the single most important one.

Why? Because everything good we do in life depends on courage. C. S. Lewis put it this way. "Courage," he said, "is not simply one of the virtues, but the form of every virtue at its testing point." In other words, there's no use in having any of the other virtues if we don't have the courage to practice them when life puts us to the test. And sooner or later, life tests *all* of our virtues. Having any of them without courage is like having a flashlight without batteries.

No matter how big or strong that flashlight, you'll still be in the dark.

Which is why we're so incredibly blessed that God always says yes when we pray to him for the courage to do what we know is right.

Always? Once again, always. Have you ever noticed that most of the people who have won the Congressional Medal of Honor don't look like Rambo? That's because they're ordinary people. Ordinary people who, caught in an extraordinary moment, almost always called on God to give them an added dose—sometimes a *huge* dose—of extra courage.

Of course, we don't always require such mega-doses of courage. More often than not, we need smaller amounts. The courage to own up to a mistake we made or to speak up when we feel something isn't right. God is ready with those smaller packages of courage too—provided we ask him for them.

3) "Get me through this!"

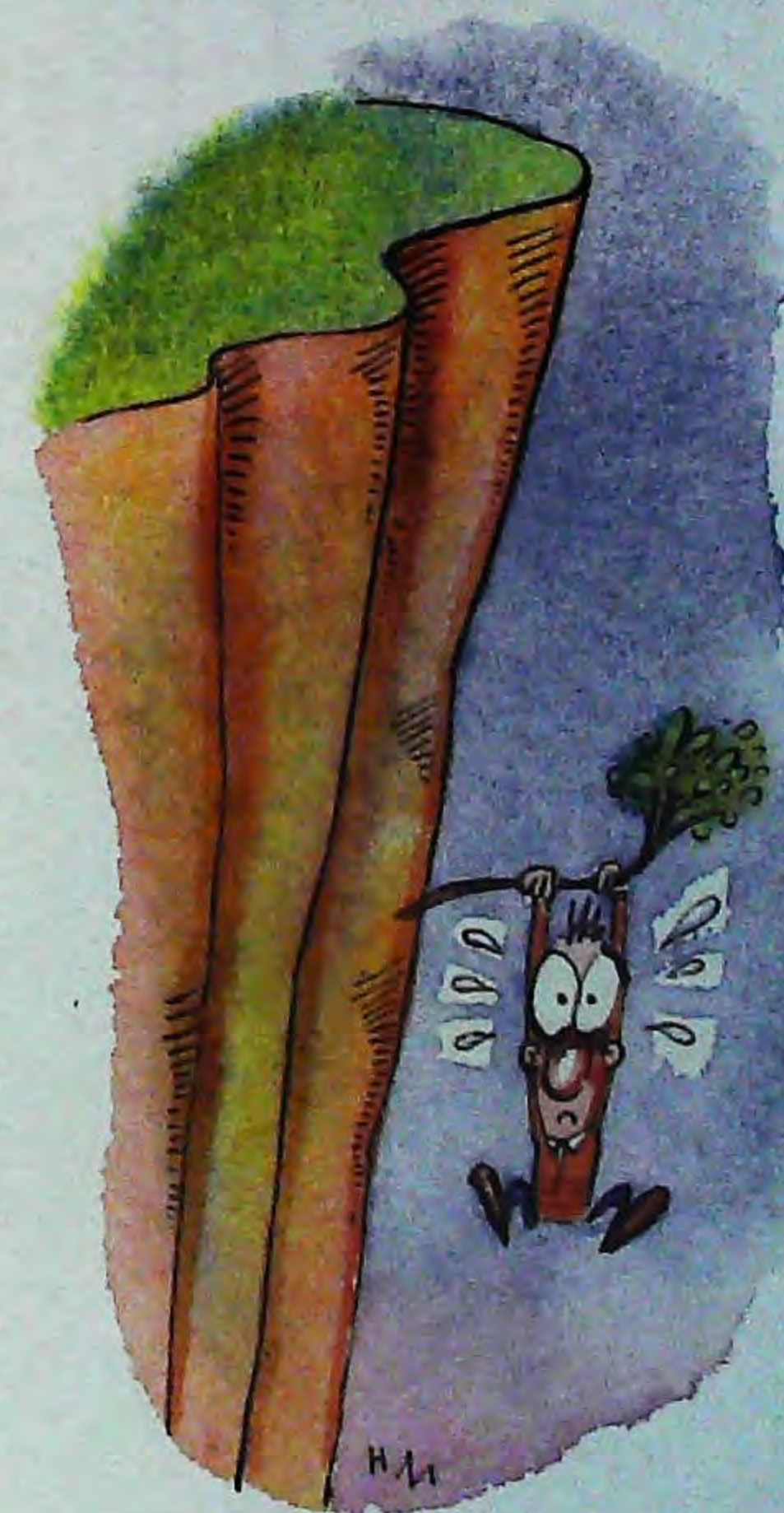
"Look at the bright side." "Everything happens for a reason." Right. We've all heard the platitudes, and they can be annoying when you're going through something tough. After all, though we might enjoy thinking about the past or dreaming about the future when we're comfortable, when we're in a tough situation, the present always takes over. Suddenly it's almost impossible to see past what's going on—to realize that with a little time things will be okay again.

But they always will. Clichés don't become clichés if there isn't some grain of truth to them. And somewhere along the way, people took notice of the fact that bad things in life just about always have a habit of giving way to good things. If you really look at the bad things that have happened in your life, you might discover that more often than not they're connected to good things in just that way: so connected they can be inseparable. You lost a job you loved only to end up with a better one. Even the most terrible tragedies, if you take the long view (and let's face it, only God is totally able to do that), can lead to our becoming deeper, better people with a stronger and more centered faith.

Maybe you've looked back at your life and found a few bad things that God hasn't made use of yet. That "yet" tells you all you need to know. "All things work together for good, for those who love God and are called according to his purpose." For me, those words from Romans are the equivalent of a coat of armor. All things? All things. God is the ultimate recycler. There's nothing he can't use for a better purpose.

What's the key to making that happen? I probably don't have to tell you that by this point: All you have to do is ask. ■

For more, check out Anthony's book, *Ten Prayers God Always Says Yes To*.



Get ME THROUGH THIS!

You name it, I tried it, every diet on earth, support groups, even weight-loss pills. In the end, I never lost a pound, until I found...

The New Me Diet

BY JUDY BASTILLE,
SPRINGFIELD, VERMONT

I WAS OUT WITH MY WALKING PARTNER, MARY, ONE DAY LAST MARCH when suddenly I could barely breathe. I was nauseous and totally exhausted. It felt like an elephant was sitting on my chest. That wasn't like me. What was going on? I had my husband, John, drive me to our

small local hospital, thinking maybe the doctors there could give me some help, some medication that would ease the pressure. I walked into the emergency room and asked to see someone. The next thing I knew the ER doctor was treating me with nitroglycerin and blood pressure medication and telling me

JUDY CAMPBELL



I had to go to Dartmouth-Hitchcock, our regional hospital, immediately. "We don't have a cardiologist here," he said. "But you need treatment right away."

"I'll go home and pack a bag then have my husband drive me there," I said.

"You're not going anywhere, Mrs. Bastille," the doctor said. "We're taking you by ambulance now." How could this be happening? I may have been 59 but I was in the best shape of my life. I was walking three miles a day, up and down the hills of our picturesque New England town. I'd lost 55 pounds. I had no aches or pains, none of the problems that had plagued me before. I'd even become a healthy eater.

It wasn't always that way. For years I'd been overweight. My feet were in such bad shape I had to wear ugly lace-up shoes for support. I felt frumpy and matronly. I tried to lose weight. I joined several weight-loss support groups and lost weight with each of them, only to regain it all and more too when I quit going. I even took some diet pills prescribed by my doctor. I lost a few pounds, but my blood pressure skyrocketed. I tossed out the pills and back came the pounds. On the scale I hovered at 200, a lot for someone with my five-foot-three frame. "You're wonderful the way you are," my husband, John, reassured me. I didn't feel wonderful. I hat-

ers' meeting and a friend gestured to me to come sit in the empty chair next to her in the auditorium. I sat down—or at least tried to. *These seats are made for kids*, I told myself, but nobody else had problems fitting into them. "Excuse me," I said, "I forgot something." I popped up and found a seat on the aisle by myself where I could sit sidesaddle. I stared at my papers, wishing I could disappear.

When New Year's Eve came that year I had a sinking feeling it would be another holiday of failed resolutions. All those promises to not snack on cookies, to not eat fast-food meals, to go for a walk. The only weight-loss book I could bear to look at didn't have a single recipe in it. It was just filled with little paragraphs to inspire change in a person.

John and I joined some friends at a pizza parlor to ring in the new year. Waiting to be seated, I caught a glimpse of myself in the mirror. Was this really me? Was this the person God meant me to be? I'd always felt that by not controlling my weight I was letting myself down, letting John down. Now for the first time I felt like I was letting my Creator down. And I was ruining my health. *I need to lose weight. But I really need to get healthy!* All at once I recalled a prayer from that little book: "I welcome the chance to prove what God

I discovered I could serve myself a nutritious meal that still filled me up.

ed the way I looked. All the nice clothes I'd bought when I'd lost weight were down in a bureau in the basement, waiting for the day when I could wear them again. But that day never seemed to come.

I'm a reading teacher at an elementary school in town. One day I was at a teach-

can do through me." *Make that prayer your prayer, Judy. Let God help you change your habits.* I could start by taking one step in the right direction. "I'd like one slice of plain cheese," I told the waiter, "and a diet Coke." Just enough.

I started using that prayer to change



MADE OVER The author (with her daughter, Sarah, left) before she resolved to change her lifestyle, and after, a new Judy.



my habits. I said it quietly to myself as I roamed the supermarket aisles, avoiding desserts, pushing the cart toward the fresh produce for salad fixings, the dairy aisle for fat-free cottage cheese, the cereal shelves for whole grain cereal. I discovered I could serve myself a nutritious meal that still filled me up. I'd reward myself with a mint for dessert, and the prayer: *Thank you, God, for giving me the chance to prove what you can do through me.* For the longest time nothing seemed to happen. I felt better but weighed the same. Then on day 13 I stepped on the scale, looked at the number and let out a little scream. "What's wrong?" John asked.

"I lost three pounds!" I shouted.

"That's wonderful," he said, giving me

a big hug. Now I had the motivation I needed. There was no way I was giving up.

Spring came. I started walking, the daffodils cheering me along the way. The pounds came off slowly, but consistently. Some of my smaller clothes I'd put away now fit. I bought cute new shoes. My knees were limber and my feet stopped aching. One afternoon at the grocery I ran into my friend Mary, who looked worried. "I've just come from the doctor," she said. "She says I have to lose weight. But how?"

"Come walking with me," I said. "It'll be easier to do it together." We became a team. In summer we hiked our local trails and did the hilly three-mile loop around town. In winter we set up "Judy's Gym" in an unused bedroom at my house. Those

cold evenings I didn't feel like working out, I'd think, *Can't leave Mary waiting.*

At the next teachers' meeting I sat in the auditorium chair without any embarrassment. My old lace-up shoes were gone and I felt slim and stylish. If there was ever proof of what God could do, I was it. *It's a miracle!* I told myself.

And then came those chest pains that landed me in the ER. *Why is this happening now?* Why, after all the hills I'd climbed, the weight I'd lost? I tried to say

My old lace-up shoes were gone. I felt slim and stylish again. I was a new me!

my prayer again, "Thank you, God, for giving me the chance to prove what you can do through me," but the words felt hollow. I'd failed. All of this had been for nothing, another failed diet.

After the doctors had done a catheterization on my heart at Dartmouth-Hitchcock, they found that I'd had a heart attack and

my left anterior descending artery had a 99 percent blockage. The doctors opened it up and put a stent in to keep the artery open. They said the surgery had been successful. But I felt weak and vulnerable. Why had I had a heart attack when I was in the best shape I'd ever been in?

One day about a month later I got a call from the doctor I'd seen in our local ER. "I just got your records from Dartmouth-Hitchcock," he said. "I can't believe you were able to stand up. I'm so glad you

came in that night and were treated successfully." Shortly after that call, I read an article about how cardiologists refer to the blockage I'd had as a "widow maker." It finally sank in. The prayer, the regimen, the healthy eating, they had not been for nothing. They had been everything. And it had saved my life. ■

A NEW YOU: JUDY'S HEALTHY-EATING TIPS

Judy came up with some fantastic practical tips to help keep her New Year's resolution.

- Put tempting foods high up on a shelf where you can't see them, and reach for healthy foods instead.
 - To make a salad quicker and easier to assemble, buy prewashed and precut vegetables. Put everything in a crisper drawer. When it's time to make a salad, pull out the drawer and you'll have everything you need right at hand. Try them for yourself.
 - Snacks are okay. Just make sure they're good for you. Fruit, yogurt, carrot sticks or almonds are good options.
 - Walk wherever you can, even when you're on the phone. (Hey, it's exercise.)
 - Keep a "before" picture on the fridge to remind you of how you could look again if you're not careful.
 - Surround yourself with supportive friends. And keep a list of positive quotes for encouragement when your friends aren't around.
- Do you have any sure-fire tips for losing weight? Share them at guideposts.org/mag.com/tips.

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They call where I live Tornado Alley.

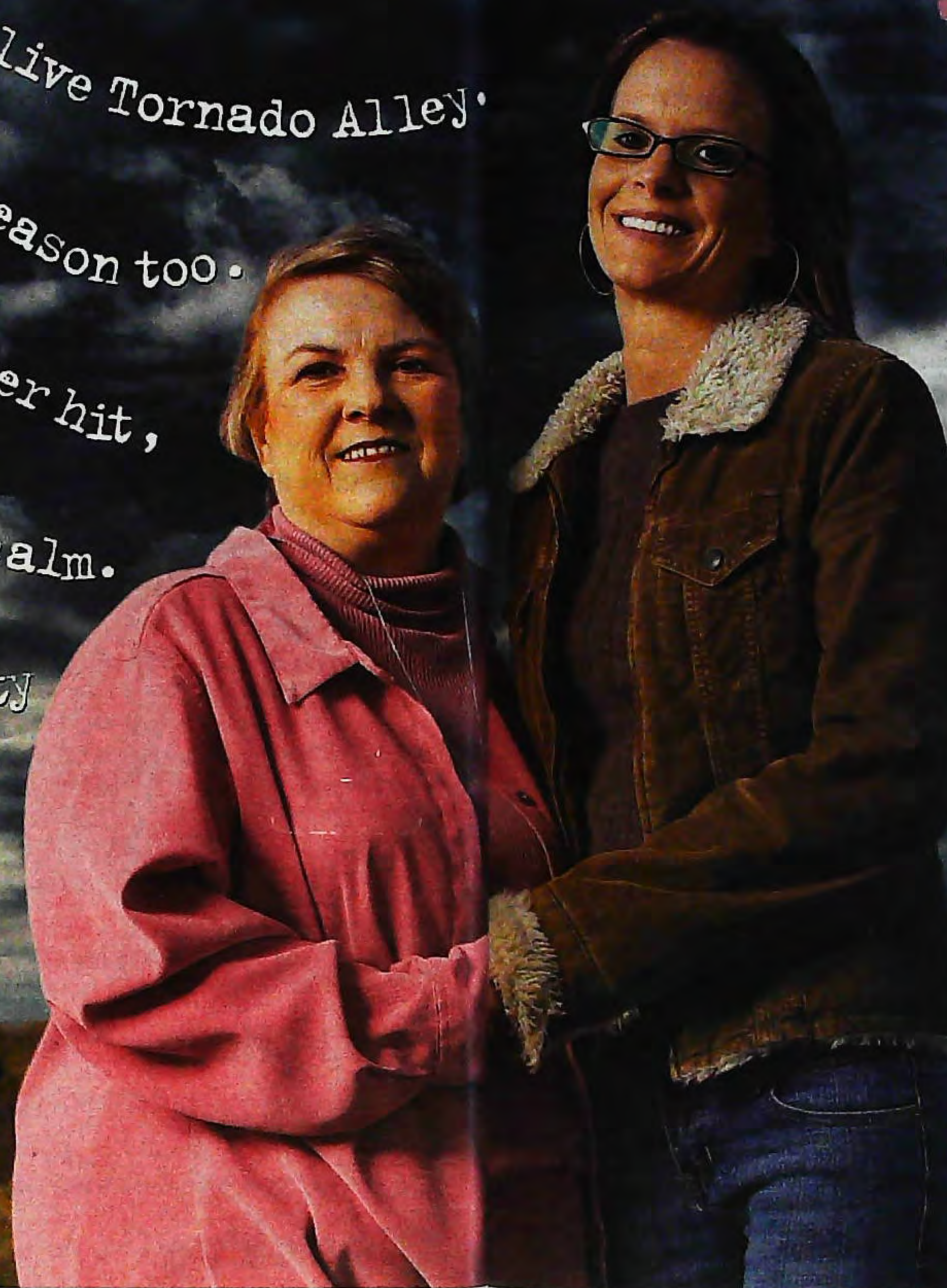
And for good reason too.

But when a monster hit,

I had to stay calm.

My daughter's safety

depended on it



F5

BY CYNTHIA HALL,
AMARILLO, TEXAS

EVER SINCE I WAS A CHILD I'VE been terrified of tornadoes. I grew up in the Texas Panhandle—Tornado Alley—and knew how they could rip apart a house, throw a car hundreds of feet, uproot trees and snap telephone poles like matchsticks. At the least sound of thunder or the flash of lightning I would dive into bed and yank the covers over my head. Mother would reassure me, telling me that God was looking over us and that we would be protected. But I'd seen what had happened to Dorothy's house in *The Wizard of Oz*.

I always figured I'd grow out of my fear. I watched the weather religiously on television. Sober weathermen could tell you if a storm was coming your way, how fast it was traveling, whether a twister had hit the ground and if you needed to take shelter. You could see by the sickly green color of the sky, you could feel the air pressure. But my fears always won out. What if it was at night and I was sleeping? What if the electricity went off and our tel-

UNITED FRONT Cynthia and her daughter, Melissa, have both learned how to cope with bad weather.

evision went dead and we couldn't find out about the tornado until it was too late?

When my husband, Thomas, and I went out for a drive and if there was any thunder in the distance, my heart would beat double-time. "We'll be okay," Thomas would tell me. Here I was a grown woman, with grown kids of my own, and I was still scared of a little thunder.

Then Thomas and I bought a house in the country with a big old sycamore in front. A key attraction for me was its storm cellar. A large concrete-lined room, 10 feet by 12 feet, entirely below ground with an internal door you could double-bolt in case the top cellar door blew off. I immediately

he said. "There aren't any tornadoes coming. We'll be fine in the house."

"I'm going and that's it." I grabbed my purse and flashlight, picked up our Yorkshire terrier Casey and headed out. I spent most of the night in our storm cellar.

That became my pattern all that spring of 1999. Practically any bad weather sent me packing. *There might be tornadoes that we don't know about. They might have overlooked our small town when it came to warnings on TV.* Part of me knew that I was being irrational, even phobic, but I couldn't help it. Not even my mother's long-ago assurance that God would protect me cancelled out the fear. I knew that it was taking over my life.

In May, though, the tornado warnings

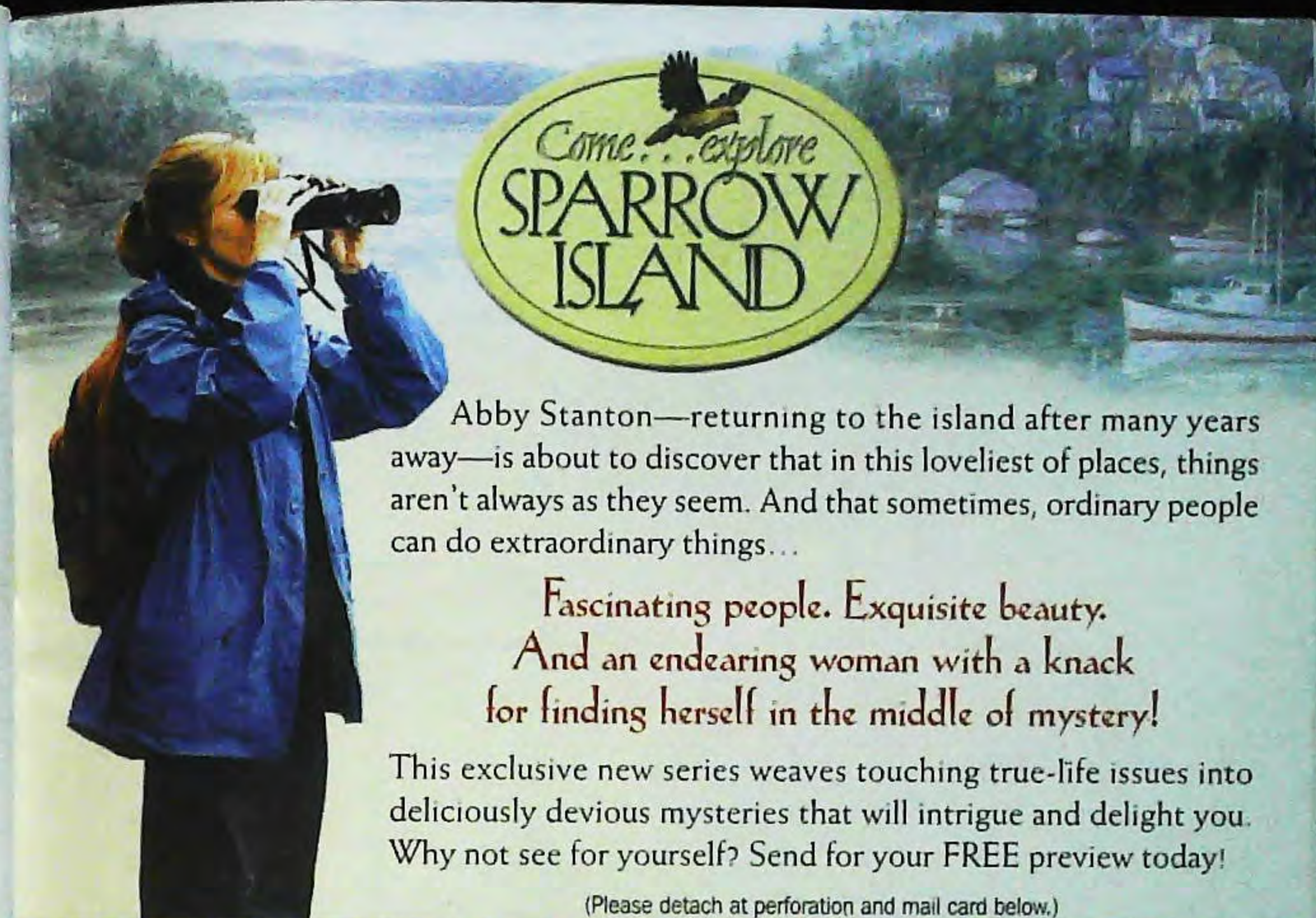
"Tornadoes sighted on the ground, an F5.
Take cover immediately,"
read the crawl at the bottom of the screen.

stocked it with oil lamps and fresh water. When that first spring came in the new house—storm season in Texas—I told myself that I would be safe.

But oddly enough, I didn't feel safe. Only more scared. One April night when huge storm clouds formed to the southwest and started blowing our way, my heart began to pound and it became hard to breathe. "I'm going to the cellar now," I told Thomas.

"But, hon, this is just a thunderstorm,"

on television were all too real. Not in Texas, but in Oklahoma City where my daughter, Melissa, and her husband, Alan, lived with their dog, Grace. They didn't have a storm cellar. In fact, their place was on the third floor of an apartment building. I had my eyes glued to the Weather Channel where the Tornado Watch box had just turned purple for the Oklahoma City area. "Tornadoes sighted on the ground. An F5. Take cover immediately," read the crawl at the bottom of the screen.



Abby Stanton—returning to the island after many years away—is about to discover that in this loveliest of places, things aren't always as they seem. And that sometimes, ordinary people can do extraordinary things...

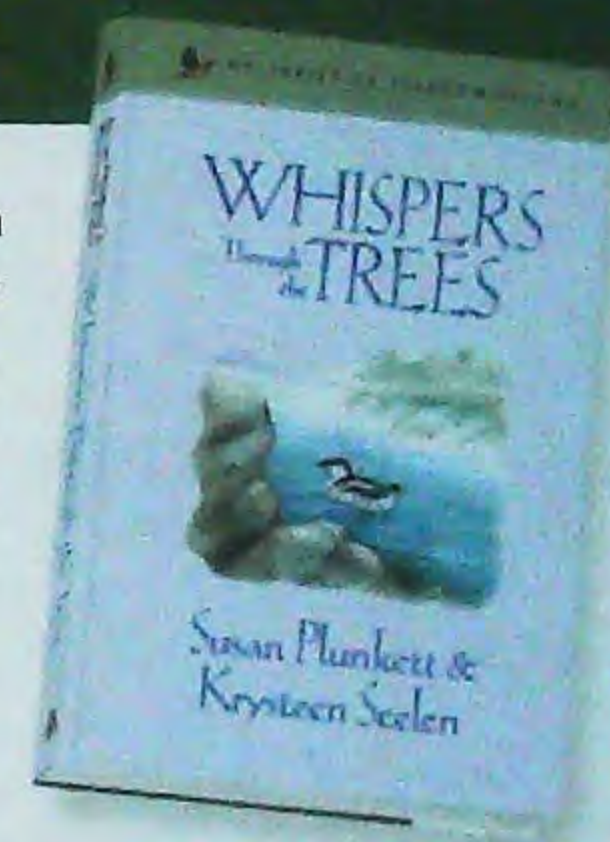
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TWISTER A sight storm chasers love, but most dread

Mom," Melissa called me on the phone, her voice shaking with fear, "I'm scared. Alan isn't home yet and I don't know what to do." I could tell she was getting panicky. I needed to stay calm for her, but how could I when the fear was so great in me? If only I could be there for her, calming her the way my mom had tried to calm me.

Lord, I prayed, you are our strong protector. Make me strong for my daughter.

"Melissa, listen to me," I said, managing to speak calmly. "Get a warm coat and a flashlight and then put a leash on Grace. You need to get down to a room on the ground level." There was no basement in their apartment building.

"I can't, Mom. I need to wait for Alan."

"Honey, go to your closet. Can you do that for me?" I could hear her moving. I could feel myself growing confident, secure. "Good. Now get your black coat, the one with the hood. Put it on."

"I'm putting it on," she said. Her voice

was still shaking. "The weatherman says there are seven tornado sightings. One of them is coming right for us! Oh, Mom, I'm so scared."

"You'll be okay if you do just as I say. Go back to the living room and find your big flashlight in the storage cabinet," I said. "God will be with you and I'm praying for you." I heard a sound, then Alan's voice in the background.

"Alan's here," Melissa said. "Bye, Mom. We're going downstairs now. I love you." The phone went dead.

I kept my eyes peeled to the news. Seven tornadoes on the ground in a large metropolitan area, including an F5, the most dangerous. Winds up to 300 miles an hour. Cars flying, buildings down, phone lines down, cell phones only barely working. I could only pray.

I prayed all night long and watched the news. Finally, Melissa got through again hours later.

"Mom," she said, "we're okay. We stayed in an apartment downstairs. The building is still standing. The winds were terrible, but the three of us are just fine. I don't know what I would have done without you on the phone with me. You were the voice of calm."

Me, calm? I thought. "I just wanted to help," I said.

"You did, Mom. Thanks."

Yes, tornadoes are still serious things, and whenever warnings appear I head for shelter. But I have learned not to let my fear rule my life. I don't spend my nights down in the storm cellar these days. I still get scared at times, of course, but when I do I remember how I felt talking to Melissa. That when I hand my fear over to a power even greater than the weather, who immediately gives me peace in return. ■

Housework? Not for this old baseball coach. Until he had no choice

The Go-To Girls

BY ART MAZMANIAN,
WALNUT, CALIFORNIA

I WAS SO BESIDE MYSELF, I DIDN'T even know what to eat. It was early morning. The streets on the way to the hospital were just filling with traffic. I was driving to see my wife—my beloved Shirley, married 49 years, so sweet and even-tempered. The day before, she'd had a stroke, went rigid and expressionless while we were out to breakfast with friends. Now everything—our life together, my sense of the future, my sense of my-

self—was changed. Shirley and I'd had an old-fashioned marriage. I worked as a baseball coach. She took care of everything else. What would I do without her?

Looking out the window, I saw a coffee shop. Plum's. I realized I was hungry. I hadn't fixed anything at home. Didn't know *how* to fix anything, really. Shirley made the meals. I seemed to remember going to Plum's a few times with her years before, when it had a different name. *Well,*

they can't do an English muffin wrong, I figured. I stopped and went in. It was a nice place. Booths, a counter, walls covered with pictures of customers with their pets. A waitress named Kathy served me. She had a nice smile. "You look down, sir," she said, refilling my coffee. "Everything okay?"

I wondered how she knew. I told her about Shirley, grateful for someone to talk to. "I'm on my way to see her," I said. "She's in the Lord's hands now."

Kathy took this in. She thought for a moment, then said, "I'm very sorry to hear that. But listen. If there's anything we can do, you let me know." She gestured at the regulars at the counter, the cooks behind the heat lamps, the restaurant's other waitresses, her daughter, Stacy. "I mean it," she said. I figured she was being polite, so I thanked her, paid the bill and hurried to the hospital. As I drove, though, I felt strangely light, knowing Shirley tru-



AT YOUR SERVICE
Art at Plum's Coffee Shop
with Kathy and Stacy

ly was in God's hands—both of us were.

The doctors were less encouraging. The right side of Shirley's brain was severely damaged, they said. Her left side was paralyzed. Most of her eyesight, memory and speech were gone. "She may not always recognize you, Mr. Mazmanian," they said. "And she's not likely to recover much brain function. We're sorry."

I brought her home and hired a nurse to help get her situated in the mornings. Luckily I'd retired a few months before, when Shirley began ailing—getting disoriented and neglecting her beloved crossword puzzles. I had worked as a college baseball coach for more than 30 years. In fact, baseball had been central to our lives since the day I met Shirley in junior high school, when she joined my church youth group. She'd watched me play varsity second base in high school and shortstop for USC, then followed me to every sleepy baseball town my coaching career took us, raising our kids practically in the bleachers, always managing to befriend other baseball wives, trade childcare with them and keep our house trim and warm.

Now, home with her, I suddenly realized just how much of the burden she'd shouldered. Meals, cleaning, clothes, the yard. How did she do it all? I knew how to fix a total of two things—corn on the cob and a lettuce salad with dressing from a jar. I looked around the house, felt its silence like a weight. I knew everything there was to know about baseball. Hitting, pitching, fielding, running. But I didn't even know what to fix for dinner that night. *Lord, I prayed, help me.* Suddenly I thought of that Plum's place, that nice waitress, Kathy. What was it she'd said? I couldn't remember if they did dinner, but I decided it wouldn't hurt to drive over

the hill to check. It was only a few miles.

Kathy was waiting tables when I arrived. "Good to see you again," she said. "How's your wife?" She remembered! I ordered an English muffin and some eggs and asked tentatively if they had anything I could take home for lunch or dinner. "Sure," she said. "I could do you some soup, maybe a sandwich. I'll package it so you just heat it up. It'll make a good meal."

"Wow, thanks," I said. "That's great for me. I'm not much of a cook."

"Oh, I'm sure you're not that bad."

"Call me Art. And, yes, I'm that bad. I don't know how to fix a thing." She looked at me, and I saw her face make some calculations. She seemed to understand my situation. "Listen, Art," she said. "Anytime you want to take home dinner, you just come in here and we'll fix it up for you. Something different every day. I'll make sure all you have to do is heat and eat."

"Gosh," I said, "that would be a lifesaver."

That night I heated some of Plum's soup. It was delicious. Shirley seemed to like it too. I sat in a chair beside her and we ate together, looking into the backyard. The sun slowly set and I got her into a hospital bed I had put up in the living room. Then I went to bed myself.

A few days later, I realized Shirley and I were running low on clean clothes. I took the hamper to the laundry room. There sure were a lot of dials on that washing machine. What did it all mean? *Well, I thought, just stick it in for the longest amount of time. That ought to do it.* The clothes came out okay. But they were so wrinkled! *That's right, the iron.* I went and found it. More dials. I made a few passes with it over my pants and—well, let's just say they didn't look like Shirley had done them.

Back at Plum's, I told Kathy about my



THE SPORTING LIFE
Coach "Maz" and
the Mt. San
Antonio College
softball team

customers, cooks. In fact, I met so many people, I began writing their names on a list. I have the list divided by categories: regulars, counter regulars, church people, former

baseball players and so on. There are 642 names on that list. Anyone who knows me knows they'll find me at Plum's around nine every morning. I'll be at the counter.

Shirley died quietly in hospice about a year ago. I wanted a small service for her, just family, but I happened to mention the date at Plum's. Everyone came. There were 250 people there. Plum's people, church people, baseball people. I put on the cover of the program a few lines from Shirley's favorite book in the Bible, Ruth: "For where thou goest, I will go, and where thou lodgest, I will lodge."

Actually that verse describes our entire life together. God was always with us, even that day Shirley had her stroke. My love for her deepened after that, became love for its own sake. And of course I met all our new friends at Plum's. People ask how I got through it. The answer is simple. It was there that morning I met Kathy. There, all those quiet evenings with Shirley. It was God, lighting what seemed dark and filling what seemed empty with the unending fullness of his love. ■

For more on this story, see *Family Room*.

A White Easter

BY JUDY SCHMOKER,
BURLESON, TEXAS

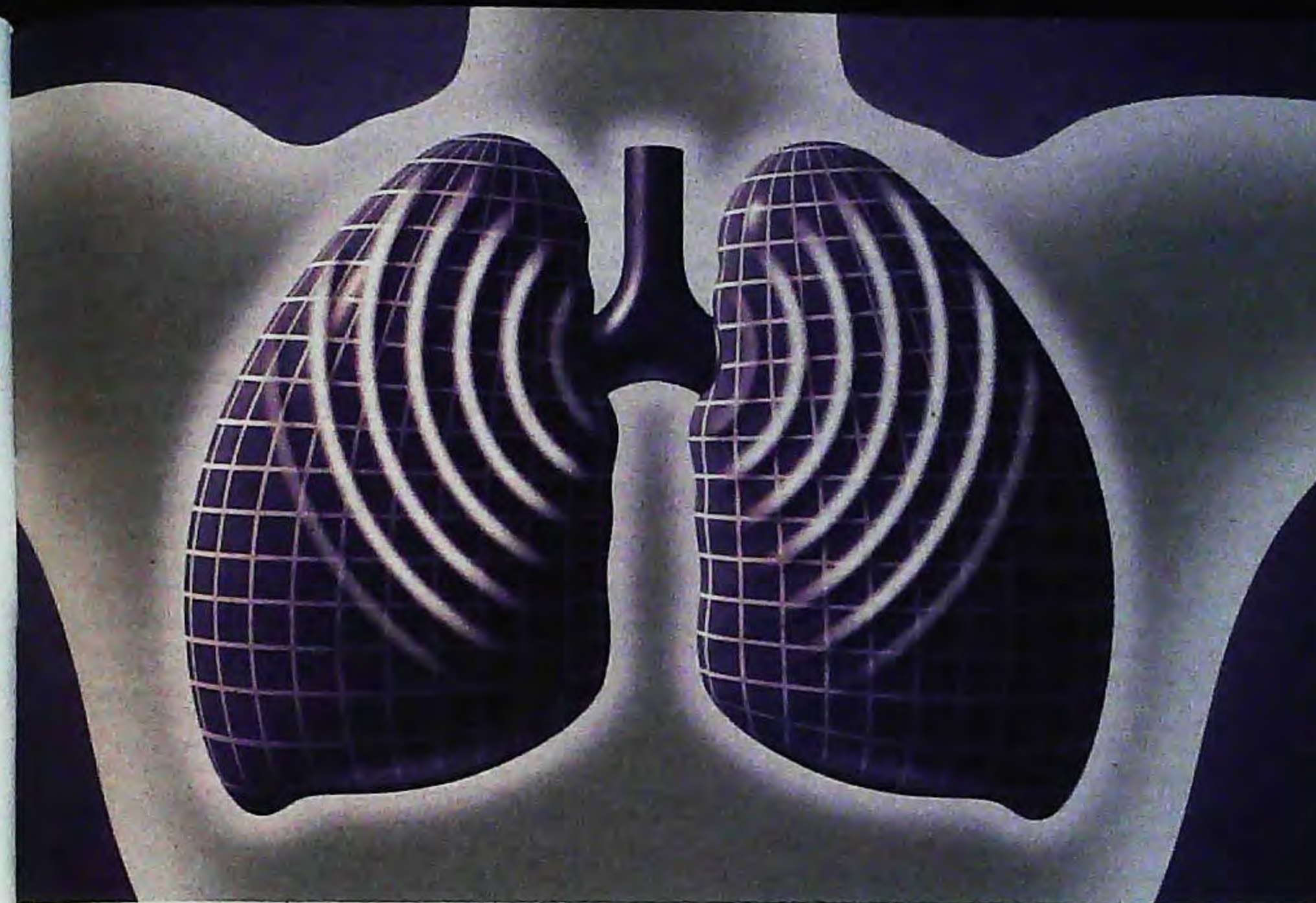
I'VE ALWAYS LOVED EASTER, love the promise of spring, the newness of life. But growing up in west Texas, I learned never to count on good weather for it. Mom always said if Easter fell in March, Easter Sunday would be damp and cold. An "Easter spell," she called it. Three years ago when Easter fell on a Sunday in March, I recalled Mom's words. That Saturday afternoon we all shivered outside while the kids hunted for Easter eggs. *Wonder what's in store for tomorrow?* I thought. Rain was forecast.

I awoke at sunrise, expecting a dreary wet day. But all was eerie and quiet. I put on my glasses and got out of bed to stand at the window. I stared in disbelief. The world outside was like a black-and-white photo. Everything was covered in snow, and not just a dusting of snow, but big snowflakes blanketing the grass and trees, fresh and undisturbed like a beautiful painting.



As I stood watching, I was filled with wonder. *Everything has been made new*, I thought.

I knew no one would ever believe it since there'd never been a record of snowfall in our area. I hurried outside to take pictures, not wanting my family to think I'd imagined it. I even saved that day's weather report to show them: "The bulk of the snow fell in a swath from Parker County to Johnson County...heavy enough to make the roads slushy." But I didn't need any proof to know what I knew in my heart. Easter was a day for the new and unexpected, a moment when all the skeptics were proved wrong, a day of wonder—no matter what the weather. ■



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(fluticasone propionate 100, 250, 500 mcg and salmeterol 50 mcg inhalation powder)

What is the most important information I should know about ADVAIR DISKUS?

In patients with asthma, long-acting beta₂-agonist medicines such as salmeterol (one of the medicines in ADVAIR[®]) may increase the chance of death from asthma problems. In a large asthma study, more patients who used salmeterol died from asthma problems compared with patients who did not use salmeterol. So ADVAIR is not for patients whose asthma is well controlled on another asthma controller medicine such as low- to medium-dose inhaled corticosteroids or only need a fast-acting inhaler once in a while. Talk with your doctor about this risk and the benefits of treating your asthma with ADVAIR.

ADVAIR should not be used to treat a severe attack of asthma or chronic obstructive pulmonary disease (COPD) requiring emergency medical treatment.

ADVAIR should not be used to relieve sudden symptoms or sudden breathing problems. Always have a fast-acting inhaler with you to treat sudden breathing difficulty. If you do not have a fast-acting inhaler, contact your doctor to have one prescribed for you.

What is ADVAIR DISKUS?

There are two medicines in ADVAIR: fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids; and salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta₂-agonists. There are 3 strengths of ADVAIR: 100/50, 250/50, 500/50.

For Asthma

- ADVAIR is approved for the maintenance treatment of asthma in patients 4 years of age and older. ADVAIR should only be used if your doctor decides that another asthma controller medicine alone does not control your asthma or that you need 2 asthma controller medications.
- The strength of ADVAIR approved for patients ages 4 to 11 years who experience symptoms on an inhaled corticosteroid is ADVAIR DISKUS 100/50. All 3 strengths are approved for patients with asthma ages 12 years and older.

For COPD associated with chronic bronchitis

ADVAIR 250/50 is the only approved dose for the maintenance treatment of airflow obstruction in patients with COPD associated with chronic bronchitis. The benefit of using ADVAIR for longer than 6 months has not been evaluated. The way anti-inflammatories work in the treatment of COPD is not well defined.

Who should not take ADVAIR DISKUS?

You should not start ADVAIR if your asthma is becoming significantly or rapidly worse, which can be life threatening. Serious respiratory events, including death, have been reported in patients who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events. This may also occur in patients with less severe asthma.

You should not take ADVAIR if you have had an allergic reaction to it or any of its components (salmeterol, fluticasone propionate, or lactose). Tell your doctor if you are allergic to ADVAIR, any other medications, or food products. If you experience an allergic reaction after taking ADVAIR, stop using ADVAIR immediately and contact your doctor. Allergic reactions are when you experience one or more of the following: choking; breathing problems; swelling of the face, mouth and/or tongue; rash; hives; itching; or welts on the skin.

Tell your doctor about the following:

- If you are using your fast-acting inhaler more often or using more doses than you normally do (e.g., 4 or more inhalations of your fast-acting inhaler for 2 or more days in a row or a whole canister of your fast-acting inhaler in 8 weeks' time), it could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately.
- If you have been using your fast-acting inhaler regularly (e.g., four times a day). Your doctor may tell you to stop the regular use of these medications.
- If your peak flow meter results decrease. Your doctor will tell you the numbers that are right for you.
- If you have asthma and your symptoms do not improve after using ADVAIR regularly for 1 week.
- If you have been on an oral steroid, like prednisone, and are now using ADVAIR. You should be very careful as you may be less able to heal after surgery, infection, or serious injury. It takes a number of months for the body to recover its ability to make its own steroid hormones after use of oral steroids. Switching from an oral steroid may also unmask a condition previously suppressed by the oral steroid such as allergies, conjunctivitis, eczema, arthritis, and eosinophilic conditions. Symptoms of an eosinophilic condition can include rash, worsening breathing problems, heart complications, and/or feeling of "pins and needles" or numbness in the arms and legs. Talk to your doctor immediately if you experience any of these symptoms.
- Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening and if it occurs, you should immediately stop using ADVAIR and seek immediate medical attention.
- If you have any type of heart disease such as coronary artery disease, irregular heart beat or high blood pressure, ADVAIR should be used with caution. Be sure to talk with your doctor about your condition because salmeterol, one of the components of ADVAIR, may affect the heart by increasing heart rate and blood pressure. It may cause symptoms such as heart fluttering, chest pain, rapid heart rate, tremor, or nervousness.
- If you have seizures, overactive thyroid gland, liver problems, or are sensitive to certain medications for breathing.
- If your breathing problems get worse over time or if your fast-acting inhaler does not work as well for you while using ADVAIR. If your breathing problems worsen quickly, get emergency medical care.
- If you have been exposed to or currently have chickenpox or measles or if you have an immune system problem. Patients using medications that weaken the immune system are more likely to get infections than healthy individuals. ADVAIR contains a corticosteroid (fluticasone propionate) which may weaken the immune system. Infections like chickenpox and measles, for example, can be very serious or even fatal in susceptible patients using corticosteroids.

How should I take ADVAIR DISKUS?

ADVAIR should be used 1 inhalation, twice a day (morning and evening). ADVAIR should never be taken more than 1 inhalation twice a day. The full benefit of taking ADVAIR may take 1 week or longer.

If you miss a dose of ADVAIR, just skip that dose. Take your next dose at your usual time. Do not take two doses at one time.

Do not stop using ADVAIR unless told to do so by your doctor because your symptoms might get worse.

Do not change or stop any of your medicines used to control or treat your breathing problems. Your doctor will adjust your medicines as needed.

When using ADVAIR, remember:

- Never breathe into or take the DISKUS[®] apart.
- Always use the DISKUS in a level position.
- After each inhalation, rinse your mouth with water without swallowing.
- Never wash any part of the DISKUS. Always keep it in a dry place.
- Never take an extra dose, even if you feel you did not receive a dose.
- Discard 1 month after removal from the foil pouch.
- Do not use ADVAIR with a spacer device.

Children should use ADVAIR with an adult's help as instructed by the child's doctor.

Can I take ADVAIR DISKUS with other medications?

Tell your doctor about all the medications you take, including prescription and nonprescription medications, vitamins, and herbal supplements.

If you are taking ADVAIR DISKUS, do not use other long-acting beta₂-agonist-containing medications, such as SEREVENT[®] DISKUS or Foradil[®] Aerolizer[®], for any reason.

If you take ritonavir (an HIV medication), tell your doctor. Ritonavir may interact with ADVAIR and could cause serious side effects. The anti-HIV medicines Norvir[®] Soft Gelatin Capsules, Norvir Oral Solution, and Kaletra[®] contain ritonavir.

No formal drug interaction studies have been performed with ADVAIR.

In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with varying amounts of albuterol. The effect of using ADVAIR in patients with asthma while taking more than 9 puffs a day of albuterol has not been studied.

ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medications can cause ADVAIR to have an even greater effect on the circulatory system.

ADVAIR should be used with caution in people who are taking ketoconazole (an antifungal medication) or other drugs broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

Generally, people with asthma should not take beta-blockers because they counteract the effects of beta₂-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following a heart attack, selective beta-blockers may still be used if there is no acceptable alternative.

The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together.

In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (e.g., theophylline) or with FLONASE[®] (fluticasone propionate).

What are other important safety considerations with ADVAIR DISKUS?

Osteoporosis: Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk and whether you should have your bone density evaluated.

Glaucoma and cataracts: Glaucoma, increased pressure in the eyes, and cataracts have been reported with the use of inhaled steroids, including fluticasone propionate, a medicine contained in ADVAIR. Regular eye examinations should be considered if you are taking ADVAIR.

Lower respiratory tract infection: Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including ADVAIR.

Blood sugar: Salmeterol may affect blood sugar and/or cause low blood potassium in some patients, which could lead to a side effect like an irregular heart rate. Significant changes in blood sugar and blood potassium were seen infrequently in clinical studies with ADVAIR.

Growth: Inhaled steroids may cause a reduction in growth velocity in children and adolescents.

Steroids: Taking steroids can affect your body's ability to make its own steroid hormones, which are needed during infections and times of severe stress to your body, such as an operation. These effects can sometimes be seen with inhaled steroids (but it is more common with oral steroids), especially when taken at higher-than-recommended doses over a long period of time. In some cases, these effects may be severe. Inhaled steroids often help control symptoms with less side effects than oral steroids.

Yeast infections: Patients taking ADVAIR may develop yeast infections of the mouth and/or throat ("thrush") that should be treated by their doctor.

Tuberculosis or other untreated infections: ADVAIR should be used with caution, if at all, in patients with tuberculosis, herpes infections of the eye, or other untreated infections.

What are the other possible side effects of ADVAIR DISKUS?

ADVAIR may produce side effects in some patients. In clinical studies, the most common side effects with ADVAIR included:

- | | | | |
|--------------------------|--------------------------------|------------------------|------------------------------------|
| • Respiratory infections | • Yeast infection of the mouth | • Nausea and vomiting | • Fever |
| • Throat irritation | • Bronchitis | • Diarrhea | • Ear, nose, and throat infections |
| • Hoarseness | • Cough | • Musculoskeletal pain | • Nosebleed |
| • Sinus infection | • Headaches | • Dizziness | |

Tell your doctor about any side effect that bothers you or that does not go away. These are not all the side effects with ADVAIR. Ask your doctor or pharmacist for more information.

What if I am pregnant, planning to become pregnant, or nursing?

Talk to your doctor about the benefits and risks of using ADVAIR during pregnancy, labor, or if you are nursing. There have been no studies of ADVAIR used during pregnancy, labor, or in nursing women. Salmeterol is known to interfere with labor contractions. It is not known whether ADVAIR is excreted in breast milk, but other corticosteroids have been detected in human breast milk. Fluticasone propionate, like other corticosteroids, has been associated with birth defects in animals (e.g., cleft palate and fetal death). Salmeterol showed no effect on fertility in rats at 180 times the maximum recommended daily dose.

What other important tests were conducted with ADVAIR?

There is no evidence of enhanced toxicity with ADVAIR compared with the components administered separately. In animal studies with doses much higher than those used in humans, salmeterol was associated with uterine tumors. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests may mean to your safety.

For more information on ADVAIR DISKUS

This page is only a brief summary of important information about ADVAIR DISKUS. For more information, talk to your doctor. You can also visit www.ADVAIR.com or call 1-888-625-5249. Patients receiving ADVAIR DISKUS should read the medication guide provided by the pharmacist with the prescription.

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LIVING
WITH CANCER

THIRD IN A SERIES



NEWS WORTHY
Coanchor
Gayle with her
colleague and
friend Lance, on
the set of WFLA

BY GAYLE SIERENS,
TAMPA, FLORIDA

THE OFFER BURST OUT IN A BUS-
tling hospital corridor. It was the
best—the only—thing I could do.

Minutes before, I had stood
at the bedside of one my colleagues,
Lance Williams, a reporter at WFLA, the
Tampa, Florida, television station where
I'm a local news anchor. Lance, a tal-
ented, Emmy Award-winning news-
man and father of two young children,
had leukemia. I almost didn't recognize
him. The young, tireless reporter I knew,
adept at putting together compelling
human-interest stories, was gone. In his
place was a silent, pale, emaciated form.
I couldn't help thinking I would never
see him alive again.

Now I was outside the room, sitting
in a hallway beside his wife, Amy. Nurs-
es and orderlies strode past, calm, pur-
poseful. I wasn't sure what to say. Amy
had told me that caring for Lance, keep-
ing on top of his treatment, was a full-
time job. I longed to reply, "I'll drop
everything and help." But, like everyone
else at the station, I knew I couldn't.
News never stops, and most of us had
families of our own. My three kids, all
involved in sports, were a full-time job
in themselves. What Lance needed was
something any of his coworkers, no mat-
ter how overscheduled, could do.

"Listen," I told Amy. "We're going to
pray for Lance at the station. As many
people as we can gather before the
evening broadcast. Whatever you're fac-

STEVEN P. WIDOFF

ON the Air

It was the hardest
story I would ever
report—my colleague's
battle with leukemia

LIVING WITH CANCER

ing, know that at four o'clock we're praying for you."

Amy looked at me gratefully. "That would be wonderful," she said. "You guys mean so much to Lance." She put her arms around me, and I marveled at how strong she seemed, as if she already knew God was surrounding and protecting her family. I hoped our prayers at the station could become part of that protective strength.

That afternoon I mentioned to several of my coworkers that I had seen Lance. "We really need to pray for him," I said. "Let's try to gather at four in the conference room."

It was a little audacious—four o'clock is one hour before our first evening broadcast, and by that point the newsroom is running full speed, everyone racing to make deadlines, readying final scripts, getting lights and cameras ready. But it was a window of time, and I figured Lance was important enough that people would make it work.

Just before four, I slipped into the conference room and looked out its big glass windows at the Hillsborough River snaking below. Autumn light was turning the city orange, and I thought of all the people out there in Tampa who knew Lance from his broadcasts. A reporter named Keith Cate, who was also my five o'clock coanchor, walked in. Keith, so solid in his faith, had responded enthusiastically when I'd suggested meeting. A couple of others followed, and I saw it would be just a few of us. It was a start.

We stood around the conference table

and held hands. "Father," I began softly, "you tell us that when two or more are gathered in your name, you are there with them. We're gathered here in this conference room to pray for our friend, Lance, for his healing and for support of his family. Please be with them. Lift them up. Give them strength to carry on."

I stopped, and almost immediately Keith followed with a prayer for Lance's doctors. The others offered more prayers for Amy, the family. Almost as soon as we had begun, we were saying, "Amen." Our words were few. But at least we were doing something.

The next day, a couple more people from the newsroom slipped into the conference room. The day after that, a few more. The prayers were always short—we were news people, after

all. But they were closely tied to Lance's day-to-day progress. Amy called the station periodically with updates, and we immediately incorporated each one into our prayers. Mostly, we prayed for Lance's leukemia cell count to go down. He had a genetic abnormality that increased his resistance to chemotherapy. And yet the leukemia had to be completely eradicated from his body before he could proceed to a bone marrow transplant. Sometimes Amy's news was good. Sometimes it wasn't. Once, she called to say Lance had fallen into depression, worried he lacked faith to lift himself up.

We prayed through all of it, and I quickly found myself looking forward to those four o'clock gatherings. Just a few minutes

**I had asked
the entire city
of Tampa
to pray for
Lance! What
on earth would
viewers think?**



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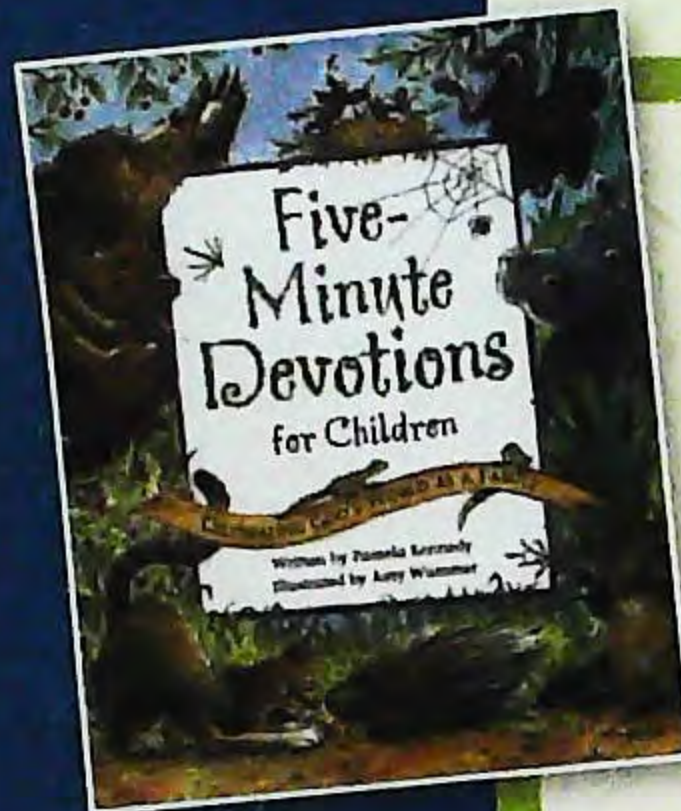
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LIVING WITH CANCER



THIS DOCTOR IS DEFINITELY IN Lance with his doctor, Steven Foreman, the head of oncology at the City of Hope National Medical Center in Duarte, California

with God made us feel more connected to Lance's struggle, more confident that he would survive. I only wished there could be more of us. An entire chorus swarming heaven with prayers for our friend.

One day, a few weeks after our gatherings began, our news director, Forrest Carr, announced that the station had decided to tell viewers about Lance's leukemia. Viewers would be wondering why he had disappeared from the broadcast. The announcement would be made by my coanchor, Bob Hite, a good friend with whom I'd worked for more than 20 years. I was glad, almost excited, to hear we'd be telling the community about Lance. The more people rooting for him, the better.

At 6:00 P.M., with teleprompters roll-

ing, lights glaring and music cueing, the news began. Bob and I tossed stories back and forth, and then Bob was introducing Lance, talking briefly of his illness, Amy and their two children, three-year-old, Palmer, and six-month-old, Olivia. "So please join us in wishing Lance and his family well," Bob concluded. "We're all hoping for a quick recovery."

There was a beat. And then, without any premeditation, I added, "Yes, and if any of you out there believe in the power of prayer, now might be a good time to say a prayer for Lance." I let out a breath, the cameras shifted and the broadcast rolled on. Instantly I felt a calmness about what had just happened—a prayer request to the entire 10-county region served by

LIVING WITH CANCER



MATCHED UP Lance's wife, Amy, with bone-marrow donor, Erin Wiles (left)

our station. What would viewers think? I didn't have time to wonder. We were on to other stories. But it didn't matter. The rest of the broadcast, the rest of that day, I felt a great peace settle over me. Peace like I hadn't felt since I saw Lance in the hospital.

The next day, I got to work and opened my e-mail. Dozens of messages, all with Lance's name in the subject line. Oh, boy, I thought, what were people going to say? I opened the first. "We're praying for Lance," it read. "Please tell his family we're on his side." The next: "Is there anything we can do for Lance's wife and kids?" Another: "Thank you, Gayle, for inviting us to pray for your colleague. Our whole church is behind him." I read every message. Not one was bothered by my request for prayer. All said they were praying for Lance. The whole community. Hundreds of thousands. My vision of prayers swarming heaven—it had come true.

That afternoon more than 20 people

showed up in the conference room. Newsroom people, managers, employees from all over the building. There was barely room. As always, we held hands in silence. Outside, the newsroom hummed. Then, one by one, those seen-it-all journalists, those busy media people added their prayers for Lance—as if it was exactly what his colleagues should be doing at four o'clock in the afternoon.

I wish I could say Lance's progress after that was swift and happy. It wasn't. Chemotherapy cleared much of the leukemia from his body—but it came right back, just before he was scheduled for his transplant. Lance went on a brand-new drug—so new, our health reporter did a story as he started taking it—to bring his cell count down in preparation for the procedure. But then doctors announced none of Lance's family was a bone-marrow match. It was months before they found a suitable donor. Lance even had to travel out to California for further treatment. Through it all we continued to pray.

And Lance survived. That wasn't supposed to happen. His odds were very long. But then, Lance had all the right people in his corner. Amy. The rest of his family and friends. His doctors. His church. And his newsroom family. We couldn't be there for Lance the way Amy could, by his hospital bed night and day. But we could be there in a way just as powerful. A way open to anyone whose friend, colleague or loved one suddenly stares death in the face. It's the way God is there for all of us. Always. Whenever two or three gather in his name. ■

For more on this story, see *Family Room*.

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comfort food

How to feed a horde of
starving college students?

Sunday Soup Pot

BY NANCY SLEETH,
WILMORE, KENTUCKY

We'd just moved to Kentucky from New Hampshire a month earlier, and I could barely understand the Southern accents—much less feel settled in our new home. We came here because of my husband's work on environmental issues. Matthew speaks to congregations about why it's so important to be good stewards of the earth and it made sense for us to relocate to a part of the country with a lot of churches. There was another big draw: our son, Clark, had just started his sophomore year of college here.

At the time, I didn't feel like I was being a very good steward of my home. It was a mess—we were in the middle of making some energy-efficient updates to our compact 1960s ranch, repainting and unpacking. I missed those nice, orderly days when I taught



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Green Bean Casserole

2 cans (10 3/4 oz. each) Campbell's® Cream of Mushroom Soup (Regular or 98% Fat Free)
1 cup milk
2 tsp. soy sauce
1/4 tsp. ground black pepper
8 cups cooked cut green beans
1 can (6 oz.) French's® French Fried Onions (2 2/3 cups)

1. Stir soup, milk, soy sauce, black pepper, beans and 1 1/3 cups onions in 3-qt. casserole.
2. Bake at 350°F. for 25 min. or until hot. Stir.
3. Top with remaining onions. Bake for 5 min. more.



Go Nuts! Toast 1/2 cup sliced almonds. In step 3, add with remaining onions.



For Cheese Lovers: Omit soy sauce. In step 1, stir in 1/2 cup shredded Cheddar cheese. In step 3, add an additional 1/2 cup shredded Cheddar cheese with remaining onions.

For more quick, easy and delicious recipes visit: CampbellsKitchen.com



M'm! M'm! Good! *Casserole*
POSSIBILITIES



comfort food

English at the local high school and everything at home was neatly in its place. Church was the one constant in our life, but that too was different from our church back in New England. Everyone was friendly, but I didn't even know their names yet. I missed those good friends I'd known for years, folks who would drop in anytime. *Will I ever have people over after church, like we did in New Hampshire?* I wondered.

Early one Sunday morning, I started a big pot of my vegetable barley soup while my daughter, Emma, fired up the bread machine. Then we picked Clark up at his dorm to go to services. The small chapel was much more crowded than usual. About 14 Asbury College students crammed into the back pews with us. While the pastor's wife played the invocation, I studied the students' faces. They looked as homesick and lost as I felt.

We stayed for fellowship and chatted with the students. "How are your classes?" I asked. "Getting

Soup is a very forgiving medium—you can always add more liquid in a pinch.



MMM...MMM...GOOD Nancy and Emma warm up to barley soup.

along with your roommates?" They seemed so appreciative of a little motherly attention that there was only one thing to do. "Does anyone want to come to our house for lunch?" I asked. They all said yes—more than a dozen of them!

Emma looked a little panic-stricken on the way home. "How are we going to feed all these people, Mom? You know the gro-

cery store is closed on Sundays!" I said something vague about the good Lord providing, but inside I was anxious. Would we have enough food? And the mess! I cringed when I thought about the havoc of our ongoing renovations. We didn't even have a kitchen table! Some of our dishes were still in boxes—and for this group, we'd need every plate and bowl.

Soon as we stepped inside the house, the family got to work. Clark set out stacks of plates and silverware. Emma sliced the heavenly smelling, freshly baked bread.

I added frozen vegetables and more broth to the pot. Soup is a very forgiving medium—you can always add more liquid in a pinch. Fortunately, it's a very thick soup, so it didn't seem watery even after I'd thinned it out. And because I'd used really good, fresh ingredients, it had loads of flavor. The students joined us, and within 15 minutes we were ladling out hot, hearty soup and serving up hunks of

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GOT A STORY ABOUT A RECIPE THAT'S CHANGED YOUR LIFE? Write to Guideposts, "Comfort Food," 16 East 34 Street, New York, NY 10016, or submissions@guideposts.org.

comfort food

honey whole wheat bread. The kids sat in a big circle on the floor, laughing and enjoying a break from cafeteria food. Somehow there was enough for everyone even after some of the kids had seconds!

After we finished cleaning up, Emma whispered, "You know, Mom, it's like the story of the fish and

loaves. You just need to have a little faith."

Since that day over a year ago, we've had a constant stream of visitors. Our house is no longer just our own, but it's more like a *home* than ever. Recently we had 30 students over for a creation-care meeting and a great vegetarian cookout. With less than

an hour to prepare the meal, it was still a scramble to get the food ready, but I didn't panic. And that Southern accent that gave me so much trouble? A thing of the past. "Y'all come back and join us for dinner sometime, you hear?" I called out to the kids as they headed back to campus. ■

Vegetable Barley Soup

EXPERIMENT WITH DIFFERENT VEGETABLES AND DOUBLE EVERYTHING IF YOU'RE expecting a large crowd. Add 1-2 cups cooked chicken for a non-vegetarian dish.



Rich with beta-carotene.



A veritable vegetable delight!



Perfect with honey wheat.

- 2 quarts vegetable or chicken broth
- 1 cup uncooked barley
- 1 large onion, chopped
- 3 carrots, chopped
- 2 stalks celery, chopped
- 2 cups diced tomatoes or 1 (14.5 ounce) can diced tomatoes with juice

- 1 (15 ounce) can dark kidney beans, rinsed and drained
- 3 bay leaves
- 3 tablespoons Italian seasonings
- 3 garlic cloves, minced
- 2 cups fresh or frozen vegetables (peas, corn, string beans, squash)
- Salt
- Pepper

Heat broth in a large pot. Add barley, onions, carrots, celery, tomatoes, beans, bay leaves, seasonings, garlic. Bring to boil; cover and simmer for 90 minutes. Add additional veggies; cook on medium heat for 10 minutes. Remove bay leaves before serving. Add salt and pepper to taste.

Pair this soup with honey wheat bread. Visit guidepostsmag.com/bread for the recipe.

Family Room

MEET THE PEOPLE IN OUR PAGES



SHELDON "Ryan and I believe love can last," says Summer. The couple exchanged vows during twilight at her family's Oregon orchard.

It took a blue heeler named Little Pig for **Summer Sheldon** to take a *Leap of Love* (page 20), a leap she believes was well worth it. "I feel like my trust issues have been resolved," she says. "Ryan and I were married almost four years ago, and our relationship has never been stronger." And Little Pig? "He's as quirky and cute as ever." Summer and Ryan are currently living in Korea, teaching English as a second language. "We enjoy living in a new country, but

we miss Little Pig and our filly horse back home in Oregon," she says. "We love working with kids and learning about other cultures—and being together to experience this new adventure." Summer and Ryan have another great adventure on the horizon. "Our **GUIDEPOSTS** photo shoot was exciting—but not just because we enjoy the magazine. The day the photographer arrived, we found out we're expecting a baby! We're so excited about our future."

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Family Room

WFLA News coanchor **Gayle Sierens** (*On the Air*, page 84) is happy to report some good news about her friend Lance Williams. "He has been in remission from leukemia for the last five years," she says. Almost three years ago Lance left news broadcasting for a career in residential real estate.

"I love to be my own boss and it's always great fun helping people fulfill their dreams," he says. Gayle tells us that Lance and his family have remained



SIERENS Lance and family on vacation in Tennessee

in close contact with his bone-marrow donor, Erin. "Erin was so affected by the death of a young friend from leukemia that she vowed to become a bone-marrow donor when she turned eighteen," she explains. "Within months, she proved a match for Lance." She not only saved his life but be-

came a lifetime friend as well. Want to find out more about donating bone marrow? Visit the National Marrow Donor Program at marrow.org.

Oscar-winning actress **Marcia Gay Harden** (*My Best Role Ever!*, page 40) knows the meaning of multitasking mom. She and her husband, Thaddeus, are parents to daughter Eulala and twins, Julitta and Hudson, and she's starred in eight films in one year. Marcia is also the spokesperson for Liberty Mutual's fire safety program—a cause close to her heart. "In 2003 my brother Thaddeus lost both of his children and their mother in a fire in her home. His bravery and nobility is not unlike that of Bonnie's,"



HARDEN Hanging out with her kids

she says, referring to the sick little girl in the hospital for whom she played the part of Snow White. "I have had to remind myself daily that God has also kissed my niece Audrey and nephew Sander, and that in some way they are awake and watched over in heaven." Marcia tells us that she is drawn to roles that imitate life. "Perhaps the roles I am meant to embrace are those that remind us that life is not a Disney movie, but a human experience of great joy, pain and, most important, connection." Watch Marcia's fire safety video at befiresmart.com.

Family Room

Is Art Mazmanian still a regular at Plum's Coffee Shop (*The Go-to Girls*, page 76)? You bet! "I stop by daily for breakfast," he says. Art is happy to report his list of Plum's patrons is up to 642. Art, a proud WWII veteran, once managed the Oneonta Yankees



MAZMANIAN With his wife, Shirley, and daughter, Nancy

minor-league baseball team. "A very young Don Mattingly was one of my players," he boasts. Both of Art and Shirley's kids inherited their love of sports.

His son, Steve, is a physical therapist, and daughter, Nancy, is director of communications for the Anaheim Angels. At 80, Art is still in the game and shows no signs of slowing. He's currently the women's softball and men's baseball coach at Mt. San Antonio College—where the field is named in his honor. What's Art's favorite part of coaching? "The relationships with my players," he says. "I still get calls from players I had 40 years ago!"

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What Prayer Can Do

POWER IN OUR DAY-TO-DAY LIVES

Four-Leaf Answer

ON A MILD MAY evening last year, the day after the funeral of my 12-year-old son, Ryan "Nicky" Nickolas, I was outside in the backyard feeding the dogs before putting them in their pen for the night. I looked at Nicky's ramp beside the house. He'd been severely handicapped from birth, born prematurely with fluid on the brain, not given much hope of living a full life. He'd never been able to sit up on his own or feed himself. Yet God had blessed me with him for 12 years. Caring for him was my life. Now all I wanted was to know he was okay.

There between the ramp and the dog pen was a small patch of clover. I squatted down and looked at the green leaves. I tried to imagine Nicky in a place now where he could run and jump in clover. Suddenly it struck me: If I could have a four-leaf clover, that would be my sign. I looked through the patch. No, there weren't any. *Please let me know he's okay and happy, Lord.*



NICKY'S SIGN
Denise knew all was okay.



I walked up the ramp into the house, wiping away tears.

The next day I had to run to the grocery store, so I asked my mom to pick up Logan, my six-year-old, from school. Afterward

I followed Mom outside so that we could decide where to plant the flowers we had received as condolences. Suddenly Mom said, "I almost forgot. I found this when I

picked Logan up from school. It was lying in the dirt, but the sun reflecting off the silver caught my eye." She handed me what looked to be a charm for a bracelet. I brushed the dirt off and burst out crying, this time they were healing tears.

"Honey, what's wrong?" Mom asked.

"Yesterday, I asked for a sign that Nicky was okay." I held up the blue and green charm. "And this is exactly what I hoped to receive...a four-leaf clover."

—DENISE SOMERSETT

OCEAN ISLE BEACH, NORTH CAROLINA

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HOW A STORY MADE A DIFFERENCE

YOU MIGHT REMEMBER MY story (*Forever Home*, July 2007) about how I had to relegate my beloved house in Turin, New York, into a weekend home when we relocated to another town for my husband Neil's job. But I had no idea I'd meet new friends back in Turin!

Last October on a sunny Sunday afternoon, while Neil and I were at the old house relaxing for the weekend, we heard a car pull up in the driveway. A couple got out and came to the door. They told us they'd driven all over the county trying to find our house after they read my story. They wanted me to know how much they liked the article. "You make chili sauce," said the lady. "I do too. And when I read that in your story, I wanted to meet you."

What a wonderful surprise to find new friends in our old town!

—ALINE ALEXANDER NEWMAN
FULTON, NEW YORK



IN JULY 2007 I WROTE ABOUT how I started a website, **militaryprayers.org**, when my son Chris, stationed in Iraq, asked me for prayers he could use with his Army platoon before dangerous missions (*A Mother's Mission*). I found out that thousands of wonderful readers have made it their personal mission to support our troops through prayer. GUIDEPOSTS readers from all over the U.S. as well as Iraq, Japan and Canada have posted prayers and words of encouragement on my site. These contributions are much more than words on a website. Often I'm moved and comforted knowing so many people care enough to pray hourly for our military men and women without knowing a single soldier by name. My gratitude

to all of you caring GUIDEPOSTS readers. Through you, I've truly received the power to stay strong.

—KAREN BARBER
ALPHARETTA, GEORGIA

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